



County Borough of Darlington

---

# ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1961

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JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

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## CONTENTS.

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	PAGE
Frontispiece : The Public Health Department.	
Introductory Letter     ...     ...     ...     ...     ...     ...     ...     ...     ...	4
Health Committee ...     ...     ...     ...     ...     ...     ...     ...     ...	6
Staff ...     ...     ...     ...     ...     ...     ...     ...     ...	6
Part I—Vital Statistics ...     ...     ...     ...     ...     ...     ...     ...	9
Part II—Prevalence and Control over Infectious Diseases—	
§ 1. General ...     ...     ...     ...     ...     ...     ...     ...	16
§ 2. Tuberculosis and Mass Radiography     ...     ...     ...	19
§ 3. Venereal Diseases     ...     ...     ...     ...     ...     ...	27
Part III—National Health Service Act, 1946 -	
§ 1. Care of Mothers and Young Children (Section 22) —	
(a) Expectant and Nursing Mothers     ...     ...     ...	29
(b) Child Welfare     ...     ...     ...     ...     ...	29
(c) Care of Premature Infants     ...     ...     ...	30
(d) Supply of Dried Milks, etc....     ...     ...     ...	30
(e) Dental Care     ...     ...     ...     ...     ...	30
(f) Care of Unmarried Mothers and their Children ...	30
§ 2. Domiciliary Midwifery (Section 23)     ...     ...     ...	31
§ 3. Health Visiting (Section 24)...     ...     ...     ...	33
§ 4. Home Nursing (Section 25) ...     ...     ...     ...	34
§ 5. Vaccination and Immunisation (Section 26)     ...     ...	35
§ 6. Ambulance Service (Section 27)     ...     ...     ...	38
§ 7. Prevention of Illness, Care and After-Care (Section 28)...	39
§ 8. Domestic Help (Section 29)     ...     ...     ...     ...	42
§ 9. Mental Health Service (Section 51)     ...     ...     ...	43
Part IV—National Assistance Act, 1948 (Part III)—     ...     ...     ...	
Part V—Growing Points—	
§ 1. Health Education     ...     ...     ...     ...     ...	47
§ 2. Geriatrics     ...     ...     ...     ...     ...	48
§ 3. Accidents in the Home     ...     ...     ...     ...     ...	52

## Part VI—Other Services—

	PAGE
§ 1. Housing ... ..	55
§ 2. Meteorology and Atmospheric Pollution ... ..	59
§ 3. Laboratory Service ... ..	61
§ 4. Medical Examinations ... ..	61
§ 5. Water Supply and Sewage Disposal ... ..	62
§ 6. Public Baths Department ... ..	64

## Part VII—Sanitary Circumstances (Report of Chief Public Health Inspector)—

§ 1. Introductory Letter and Analysis of Inspections ...	66
§ 2. Living Accommodation ... ..	68
§ 3. Food Hygiene ... ..	72
§ 4. Production and Distribution of Milk ... ..	73
§ 5. Food and Drugs Acts, 1938-1955 ... ..	75
§ 6. Inspection of Meat and Other Foods ... ..	76
§ 7. Offensive Trades ... ..	78
§ 8. Rodent Control ... ..	78
§ 9. Factories Acts, 1937-1959 ... ..	79
§ 10. Miscellaneous Provisions ... ..	81

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The Annual Report of the Principal School Medical Officer follows page ... ..	81
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ANNUAL REPORT, 1961

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TO THE CHAIRMAN AND MEMBERS  
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1961, my thirteenth complete year of service as your Medical Officer of Health.

It presented no unusual hazards in the form of infectious disease and although there was a somewhat substantial epidemic of measles during the course of it, complications were few and deaths were nil. The infant mortality rate remained unsatisfactorily high, still for no obvious reason. The degenerative diseases, notably coronary thrombosis and cancer of the lung, continued to take a heavy toll and these and other matters are referred to in greater detail in my commentary on vital statistics.

Following the lead of many colleagues who produce more lavish Annual Reports than my own, I have this time ventured to publish with a frontispiece. This, as you will recognise, is the Health Department and I think it is worth while to emphasise and to keep on emphasising the inferior conditions under which your staff must work, so that the least possible delay will accompany the completion of the first stage of the new Municipal Offices which will, of course, house your department in more worthy surroundings. The subtly adverse effect of shoddy and third-rate premises might be anticipated in various directions, such as a diminished enthusiasm and output at work because of the lower appreciation in its value shown by employers who expect their staff to carry on under such conditions. The fact that I do not think this can be discerned is to be attributed to the strong vocational sense which so many of your staff possess. It is characteristic of a professional person that he gives according to the standards of his profession, however meanly he may be regarded by those whom he serves, and I am sure that the principles which inspire the practitioners of medicine, *pace* the lawyers, the second greatest profession, also find expression in your whole staff. In order to obtain as I hope a better reward, if in a longer time, I am not pressing any more for alternative accommodation other than the proposed new offices, but I do not want you to forget under what difficult conditions your staff are working, nor the discouragement such conditions give to potential applicants for new appointments when they see where they are expected to carry out their duties. The picture is not, however, entirely black. During the year plans were prepared for submission to the appropriate Ministries of up-to-date clinic facilities for maternal and child welfare and school health purposes at the new Skerne



Park School when it is built and for establishment within the curtilage of the already existing Springfield School. These when they exist will be very considerable amenities and I hope to be able to illustrate them in later reports.

Another matter referred to in the body of the report is the hostel under the Mental Health Act to be opened in Woodland Road early in the New Year. This will not, however, be a permanent venture since the Darlington Memorial Hospital hopes to acquire the frontage of that part of Woodland Road for future developments and will incidentally present to you an acute problem, the need for reaccommodating the headquarters of your domiciliary midwifery and nursing services, finding an alternative office and living quarters for Miss Beckett and a duty room for the nurses. As your Medical Officer of Health, I feel that a comment on this process of hospital extension may be appropriate without any incidental prejudice to Corporation plans. Too many people seem to be of the opinion that there is some intrinsic merit in the building of hospitals and the extension of those which already exist. It is quite true that obsolete premises should be replaced by accommodation able to give scope for the most recent therapeutic procedures, but the fact that hospitals, like gaols, should be necessary at all is no cause for congratulation, but rather serves to emphasise the defective state of human nature. Thus, to take pride in ever larger and more magnificent hospitals is to imply that it is good to be ill and, having regard to the healthy state of contemporary infants and children, we might almost reverse Fulke Greville's line "Created sick, commanded to be sound" into "Created sound, commanded to be sick". Naturally my own interests are in favour of prevention rather than cure, which is immensely better for all concerned, and I would like to see the objective of health education to make the idea and fact of illness unenviable if not downright discreditable. How far a good deal of popular entertainment by television and otherwise pursues this policy I will leave you to decide, but I do appeal to thoughtful people to consider very carefully what I have said, to wonder whether, in their ostensibly humanistic enthusiasm for hospital development they are really serving the best ends of humanity. These are controversial words, but I believe that they need saying.

I should like to thank you all for your continued interest in the department, which I know is sincere and benign in spite of the premises in which we work, and also my fellow members of your staff, without whose zeal and devotion the work of your department would be impossible.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,

Feethams,

Darlington.

Tel. No. Darlington 5218.

## MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1961)

Councillor Rev. M. A. Beaton (Chairman).

Alderman A. J. Best, O.B.E., J.P.	Councillor A. L. Preston.
„ F. Stephenson.	„ Mrs. G. W. Raine.
Councillor H. Carr, J.P.	„ A. W. Snaith.
„ J. J. Dauber.	„ G. W. Welford, J.P.
„ P. G. Laughton.	„ Mrs. M. Wilkinson
„ S. P. Oliver.	(Vice-Chairman).
„ A. M. Porter.	

Co-opted Members : Mr. K. Girgis, F.R.C.S.  
Dr. V. G. Crowley.

### STAFF

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	Winifred Mary Markham, M.R.C.S., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	John Fleming Bishop, M.B., Ch.B., C.P.H.
Chest Physician (part-time)	... Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Consultant Venereologist	... Edward Campbell, M.B., Ch.B., D.P.H.
Obstetrician (Registrar) for Ante- natal Clinics (part-time)	... A. K. Chakravarty, M.B., D.G.O. (Calcutta).
Assistant Medical Officer for Child Welfare (part-time)	... Mrs. Jean Dubberley, M.B., Ch.B.
Principal School Dental Officer	... J. McAra, L.D.S.
School Dental Officer	... P. Waterfall, L.D.S.
Public Analyst	... W. G. Carey, F.R.I.C.
Chief Public Health Inspector	... F. Ward <sup>1 2 3</sup>
Deputy Chief Public Health Inspector	... J. R. White <sup>1 2</sup>
Public Health Inspectors	... A. F. Theakston <sup>1 2 2a</sup> J. E. Harris <sup>1 2</sup> R. E. Hinds <sup>1 2</sup> P. Moss <sup>1 2</sup> (from 10/4/61) W. C. B. Robson <sup>1</sup> (from 4/8/61)
Pupil Public Health Inspectors	... K. Dixon W. C. B. Robson (till 3/8/61) D. G. Willson (from 11/9/61)
Housing Inspector	... S. R. Blackburn
Superintendent Health Visitor and School Nurse	... Miss E. Winch <sup>4a 5 6 7 8</sup>
District Health Visitor	... Miss F. E. Smith <sup>4a 5 6</sup>

Health Visitor/School Nurse	...	...	Mrs. E. Allan <sup>4a 5 6</sup> Miss D. Smith <sup>4a 5 6</sup> Mrs. D. Barry <sup>4a 5 6</sup> Miss E. Jackson <sup>4a 5 6</sup> Miss M. D. Baldwin <sup>4a 5</sup> (Part I) <sup>6</sup> Mrs. C. H. Ellis <sup>4a 5 6</sup> Miss D. Owen <sup>4a 5 6</sup> (from 29/5/61) Miss M. Mossman <sup>4a 5 6</sup> (from 4/8/61)
Student Health Visitor	...	...	Miss M. Mossman <sup>4a 5</sup> (Part I) (till 3/8/61)
Temporary Assistant Health Visitor/ School Nurse	...	...	Mrs. B. Pinkney <sup>4a</sup> (till 30/6/61)
Tuberculosis Health Visitor	...	...	Miss A. Thornton <sup>4a 5 6</sup>
Superintendent Midwife and District Nurse	...	...	Miss C. Beckett <sup>4a 5 8</sup>
Asst. Superintendent Midwife and District Nurse	...	...	Miss P. Oversby <sup>4a 5 8</sup> (till 31/8/61)
District Midwives	...	...	Mrs. F. R. Hawley <sup>5</sup> (till 1/1/61) Mrs. I. Wilson <sup>5</sup> Miss E. Shaw <sup>5</sup> Mrs. O. M. Johnston <sup>4a 5</sup> Miss D. Chapman <sup>4a 5</sup> (till 31/12/61) Mrs. G. L. Popple <sup>4a 5</sup> (from 1/9/61)
District Nurses : Full-time	...	...	Miss M. Gill <sup>4a 8</sup> Miss M. Rodber <sup>4a 5 8</sup> Mrs. M. Harrison <sup>4a</sup> (née Quinn) Mrs. J. Beachim <sup>4a 5</sup> Mrs. A. Hill <sup>4a</sup> Mrs. A. Pottage <sup>4a 4b</sup> Mrs. J. Rutland <sup>4a 5</sup> Mrs. E. Taylor <sup>4a</sup> (till 31/5/61) Miss J. Minikin (till 30/4/61) Mrs. N. Bennett Mrs. M. T. Williamson Mrs. M. B. Neville <sup>4a</sup> (née Bromley) (from 6/6/61) Mrs. J. Simpson <sup>4a</sup> (from 1/11/61)
Part-time	...	...	Mrs. G. Anderson <sup>4a</sup> Mrs. T. Smelt <sup>9</sup>
Chief Clerk	...	...	Hugh R. Kirk

Clerical Staff	...	...	...	...	I. Burnley (Senior Clerk) K. Watson W. Brown Miss G. W. Ruecroft (Senior Female Clerk) Mrs. E. Ward (till 31/5/61) Miss M. Spence Mrs. A. Craig Miss J. Cowing Mrs. D. Moore Miss J. Howatson (till 30/11/61) Miss K. Noakes (till 31/10/61) Miss P. Raper (from 3/7/61) Mrs. M. Muller (from 23/10/61) Miss D. Lamb (from 1/12/61) Miss P. White (from 4/12/61) Miss A. Lumb Mrs. M. Nicholson
Mental Welfare Officers	...	...	...	...	C. W. Price S. McAulay Mrs. B. Meadows (from 29/5/61)
Occupation Centre Supervisor	...	...	...	...	Mrs. J. Paxton
Occupation Centre—Asst. Supervisors	...	...	...	...	Mrs. M. Kirk Mrs. G. Sullivan
Handicraft Instructors	...	...	...	...	D. J. Whalley Mrs. M. Hewson
Registrar of Births, etc.	...	...	...	...	Cyril Gannan
Rodent Operative	...	...	...	...	W. Calvert
Disinfector	...	...	...	...	W. Hunter

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
- 2a. Certificate of Royal Sanitary Institute for Smoke Inspection.
3. Associate of Royal Society for Health.
4. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Queen's Institute of District Nursing Certificate.
9. State Enrolled Asst. Nurse.

## PART I

## Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6463.

Resident population (Registrar General's estimate, 1961)—84,050

Resident population (last census 1961)—84,178

Percentage decrease on last census population—.15%

Density of population per acre—13.

Inhabited houses (at 31st March, 1962):

(a) Dwelling houses	...	...	...	...	...	27,038
(b) Dwelling houses and shops	...	...	...	...	...	543
(c) Licensed premises	...	...	...	...	...	63
Total ...						27,644

Rateable value (at 31st March, 1962)—£1,382,870.

Sum represented by 1d. rate (at 31st March, 1962)—£5,580.

*Relating to Mothers and Infants :*

Live births—1,441 (Male—722, Female—719).

Live birth rate per 1,000 population—17.1.

Stillbirths—32.

Stillbirths rate per 1,000 live and stillbirths—21.7.

Total live and stillbirths—1,473.

Infant deaths—43.

Infant mortality rate per 1,000 live births—Total 29.8

“ “ “ “ “ “ “ —Legitimate 28.3

“ “ “ “ “ “ “ —Illegitimate 65.6

Neonatal mortality rate (first four weeks) per 1,000 live births—20.1.

Early Neonatal mortality rate (under one week) per 1,000 live births—14.6

Perinatal mortality rate (stillbirths and deaths under one week combined  
per 1,000 total live and stillbirths)—36.0

Illegitimate live births per cent. of total live births—4.2%.

Maternal deaths (including abortion)—0.

Maternal mortality rate per 1,000 live and stillbirths—0.

*Relating to Death :*

Deaths from notifiable infectious diseases (other than tuberculosis)—4.



Deaths from gastro-enteritis (under 2 years)—2.

„ „ respiratory tuberculosis—8.

„ „ non-respiratory tuberculosis—1.

„ „ cancer—186 (Cancer of the lung—55).

„ „ circulatory diseases—490 (Coronary thrombosis—114).

„ „ pneumonia and bronchitis—119.

„ „ violent causes—36.

Deaths of persons 65 years and over—66.1% of all deaths.

Deaths of persons 75 years and over—41.2% of all deaths.

Inquests held—46.

Uncertified deaths—8.

Deaths in institutions—515 (including 140 in institutions outside the Borough.

This is equivalent to 48.6% of all deaths compared with 46.2% in 1960).

Death rate per 1,000 population—12.6.

Total deaths—1,059 (Males—565, Females—494).

Natural increase of population—382.

TABLE I  
Comparable Table of Vital Statistics, 1941—1961

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Darlington	England & Wales	Darlington	England & Wales	Darlington	England & Wales
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.4
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.6	11.9	11.7	34.0	23.7
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.1
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6
1959	83,300	15.9	16.5	12.2	11.6	27.9	22.0
1960	83,660	16.6	17.1	12.8	11.5	26.5	21.9
1961	84,050	17.1	17.4	12.6	12.0	29.8	21.6

\* Rate per Thousand.

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory ...	...	1	...	3	...	1	...	...	...	...	...	...	5	3	8
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	...	...	1	...	...	...	...	1	...	...	2	2	4
10 Malignant neoplasm, stomach	4	...	1	2	1	2	...	2	2	2	1	3	18	3	21
11 „ lung, bronchus	2	2	5	2	7	1	1	4	3	7	8	42	13	55	
12 „ breast...	1	...	...	1	3	...	...	1	1	1	2	10	3	13	
13 „ uterus...	...	1	1	...	2	1	1	1	...	1	...	8	1	9	
14 Other malignant and lymphatic neoplasms	4	6	6	7	10	6	3	10	3	3	11	69	19	88	
15 Leukaemia, aleukaemia	...	1	...	...	...	...	...	1	...	...	1	3	...	3	
16 Diabetes ...	...	...	...	4	...	...	1	1	1	...	2	9	2	11	
17 Vascular lesions of nervous system...	9	11	11	14	17	11	7	9	14	15	22	140	15	155	
18 Coronary disease, angina	8	6	8	7	13	11	4	11	8	15	11	102	12	114	
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	...	...	1	1	2	3	
20 Other heart disease ...	5	6	5	11	8	14	1	12	7	15	9	93	11	104	
21 Other circulatory disease	3	11	10	13	11	6	7	9	6	9	10	95	19	114	
22 Influenza ...	1	1	...	...	...	1	1	2	1	1	1	9	2	11	
23 Pneumonia ...	1	...	2	5	4	4	5	3	1	3	6	34	7	41	
24 Bronchitis ...	6	7	1	3	6	7	8	8	6	8	9	69	9	78	
25 Other diseases of respiratory system...	1	1	...	...	...	...	...	...	...	...	...	2	...	2	
26 Ulceration of the stomach or duodenum	...	...	...	1	...	...	1	...	1	...	1	4	...	4	
27 Gastritis, enteritis and diarrhoea ...	1	...	1	1	...	1	...	1	...	...	...	5	3	8	
28 Nephritis and nephrosis	1	1	1	3	3	1	...	...	...	3	...	13	5	18	
29 Hyperplasia of prostate	...	...	...	1	...	...	...	...	...	...	...	1	...	1	
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
31 Congenital malformations	1	2	...	1	1	...	1	3	...	1	...	10	2	12	
32 Other defined and ill-defined diseases ...	11	18	6	10	12	11	14	6	6	19	19	132	13	145	
33 Motor vehicle accidents	...	...	...	...	3	...	1	...	...	1	...	5	3	8	
34 All other accidents	2	1	2	...	1	3	2	...	2	1	3	17	6	23	
35 Suicide ...	...	1	...	...	...	1	...	1	...	1	...	4	1	5	
36 Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
TOTALS ..	62	76	63	87	103	81	58	85	63	105	119	902	157	1059	

TABLE III

Deaths occurred at the following ages :—

CAUSE	YEARS								
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1 Tuberculosis, respiratory ...	...	...	...	...	...	3	3	2	...
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	1	...
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	...
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases...	...	...	...	1	...	...	2	...	1
10 Malignant neoplasm, stomach...	...	...	...	...	...	1	7	5	8
11 „ „ lung, bronchus	...	...	...	...	...	3	30	15	7
12 „ „ breast	...	...	...	...	...	1	6	2	4
13 „ „ uterus	...	...	...	...	...	...	5	2	2
14 Other malignant and lymphatic neoplasms...	...	...	1	1	...	3	25	26	32
15 Leukaemia, aleukaemia ...	...	...	...	...	2	...	1	...	...
16 Diabetes ...	...	...	...	...	...	...	5	1	5
17 Vascular lesions of nervous system...	...	...	...	...	...	2	27	37	89
18 Coronary disease, angina...	...	...	...	...	...	4	43	41	26
19 Hypertension with heart disease...	...	...	...	...	...	...	...	1	2
20 Other heart disease ...	...	...	...	...	1	4	17	30	52
21 Other circulatory disease...	...	...	...	...	1	3	22	33	55
22 Influenza ...	...	...	...	1	1	1	3	1	4
23 Pneumonia ...	7	...	...	...	1	2	5	9	17
24 Bronchitis ...	2	1	...	...	...	1	20	26	28
25 Other diseases of respiratory system...	...	...	...	...	...	...	2	...	...
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	...	3	1	...
27 Gastritis, enteritis and diarrhoea...	2	...	...	...	...	1	2	1	2
28 Nephritis and nephrosis ...	...	...	...	...	1	4	3	6	4
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	1	...
30 Pregnancy, childbirth, abortion...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	10	...	...	...	1	1	...	...	...
32 Other defined and ill-defined diseases...	21	...	1	1	...	1	12	20	89
33 Motor vehicle accidents ...	...	...	1	...	...	2	4	1	...
34 All other accidents	1	...	1	1	1	2	6	2	9
35 Suicide ...	...	...	...	...	...	2	3	...	...
36 Homicide and operations of war...	...	...	...	...	...	...	...	...	...
TOTALS ...	43	1	4	5	9	41	256	264	436

TABLE IV

## 1961 Cancer Deaths—Parts of Body Affected

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	...	...	...	...	...	...	1	...	...	2	1	1	2	3	2.7
Gastro Intestinal	...	...	3	1	2	5	7	7	11	7	16	13	39	33	38.7
Genito Urinary	...	...	...	...	2	3	1	3	5	4	5	4	13	14	14.5
Breast	...	...	...	1	...	3	...	3	...	2	...	4	...	13	7.0
Bones	...	...	...	...	1	...	1	...	...	...	...	...	2	...	1.1
Glands	...	...	...	...	...	...	1	...	...	...	...	1	1	1	1.1
Thorax	...	...	2	1	11	...	16	3	13	2	6	2	48	8	30.1
Skin, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brain	...	1	1	...	1	...	1	...	2	2	1	...	6	3	4.8
TOTAL	1	1	5	3	17	11	28	16	31	19	29	25	111	75	100.0

TABLE V

## Seasonal Incidence of Deaths Under 1 Year, 1961

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	10	9	19	5	43
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	1	...	1	..	2
Pneumonia (all forms)	...	...	...	3	...	3	1	7
Meningitis (not T.B.)	...	...	...	1	1	2	...	4
Gastro-Enteritis	...	...	...	2	...	...	...	2
Injury at Birth	...	...	...	...	2	2	...	4
Atelectasis	...	...	...	...	...	...	...	...
{ Congenital Malformations	...	...	...	2	2	4	2	10
{ Premature Births	...	...	...	1	4	5	1	11
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	...	1	...	1
Other Causes	...	...	...	...	...	1	1	2

TABLE VI

## Infant Mortality, 1961

Net deaths from stated causes at various ages under one year of age.

				Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes	Certified	...	...	21	4	2	2	29	3	7	2	2	43
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	1	1	...	2
Pneumonia (all forms)	...	...	...	2	1	...	1	4	1	2	...	...	7
Meningitis (not T.B.)	...	...	...	1	...	...	1	2	...	1	...	1	4
Gastro-Enteritis	...	...	...	...	...	...	...	...	1	1	...	...	2
Injury at Birth	...	...	...	4	...	...	...	4	...	...	...	...	4
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	5	1	1	...	7	1	1	...	1	10
Premature Birth	...	...	...	9	2	...	...	11	...	...	...	...	11
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	...	1	...	1	...	...	...	...	1
Other Causes	...	...	...	...	...	...	...	...	...	1	1	...	2
TOTAL				21	4	2	2	29	3	7	2	2	43

TABLE VII

## Mortality among Children, 1-5 years and Children of School Age

Causes of Death	1	2	3	4	To'l 1-5	5	6	7	8	9	10	11	12	13	14	To'l 1-15
Run over by Motor Van	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Clothing set on fire	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Cerebral Tumor	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	2
Carbon Monoxide Poisoning	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Congenital Stenosis in Brain	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Respiratory failure	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Tetanus (unknown origin)	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Acute Tracheobronchiolitis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
TOTAL	...	1	3	1	5	1	...	...	1	...	1	...	1	1	...	10



## Commentary

It is extremely regrettable to have to refer yet again to infant mortality and to report that in this respect 1961 was a worse year than its predecessor, with 43 infant deaths as compared with 37, 29 of them during the first four weeks as compared with 25. The matter has not been allowed to lie unexplored and further correspondence took place between your Medical Officer of Health and Mr. J. S. Hovell, Consultant Obstetrician and Gynaecologist, and also with certain colleagues in other authorities whose vital statistics in this respect were also below average or who served in areas apparently comparable with Darlington. From these enquiries no definite indications towards further research were obtained and Mr. Hovell provided extensive statistics to show that the situation in this respect at Greenbank Maternity Hospital was not abnormal. Of the 43 deaths under one year, 39 occurred in the town and of these 8 died at home, where 2 were neonatal deaths (within the first four weeks), 23 died in Greenbank Hospital, all of them neonatal, and 8 died in the Darlington Memorial Hospital or in Hundens Unit, 3 of them neonatal. An unsatisfactory feature of statistics in 1961 was the relatively large number who died from theoretically preventable causes, 7 for instance from pneumonia, 2 from bronchitis, and 2 from gastro-enteritis. Hitherto it had been possible to maintain with statistical justification that, apart from persistently high neonatal deaths, the death rate in later infancy had followed the same downward trend as elsewhere in the country, but this satisfactory feature was not maintained in the year in question. Of the 4 deaths attributed to meningitis, not tuberculous, 1 was pneumococcal, 1 due to an unidentified salmonella and 2 were of obscure origin; none of them was meningococcal in origin, which is the commonest cause of the disorder and has in these days the best chance of cure.

The Ministry of Health continues to show an interest in special home nursing facilities for infants and it has to be admitted that no fresh development was to be observed under this heading during 1961. In fact, as reference to Table XVII on page 35 shows, only 8 patients under five years of age were attended by the district nursing service in 1961, as compared with 55 in 1949. Clearly, the district nursing service will only operate when requested to do so by hospital or general practitioner, but it may well be that this aspect of the work merits further and more detailed attention and that something more effective could be shown even while we lack in Darlington a paediatric department. The need for a Consultant Paediatrician to serve in the area is recognised, your Medical Officer of Health believes, by the Regional Hospital Board and it is to be hoped that the need will be supplied in due course.

Turning now to deaths in childhood over one year of age, we find that 3 out of a total of 10 were due to accident, including the case of carbon monoxide poisoning, 1 to tetanus, which should by rights be preventable, and 2 to congenital defects, 1 of whom, attributed in Table VII to respiratory failure, expired while under investigation at Shotley Bridge Hospital. Two fatal cases of cerebral tumour will be noted, though they would not appear to have any special significance. The death statistics generally reveal some important indications for further study. Among patients who succumbed to ischaemic disease of the heart (coronary disease), out of a total of 114, 47 died while under sixty-five years of age, i.e., in their working life. Of 56 fatal cases of cancer of the lung, 33 died before sixty-five and of the 186 deaths from cancer of all areas no less than 82 took place in working life. Looking at Table III one sees an astonishing blank under the first nine causes of death, the infectious diseases, which until lately took a major toll. On the other hand, one remarks upon 8 fatal motor accidents and 23 other fatal accidents, mostly at home, 19 of whom were under sixty-five. There were 5 suicides during the year.

## PART II

# Prevalence and Control over Infectious Diseases

## § 1. GENERAL.

The following Table shows the incidence of infectious diseases and also their disposal to Hundens Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1961 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted also and are included with "M" cases in the Table.

TABLE VIII  
Incidence of Infectious Diseases

DISEASE	Borough Cases				Cases removed to and Deaths in Hundens Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	16	...	...	...	1	...	...	...	3	...	...	...
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	2	...	...	...	1	...	...	...	1	...	...	...
Erysipelas ... ..	4	...	...	...	1	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	1	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia												
Babies with Mothers ...	15	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ... ..	14	...	41	...	7	...	...	...	3	...	...	...
Measles ... ..	1718	...	...	...	9	...	...	...	1	...	...	...
Respiratory Tuberculosis ...	35	...	8	...	45	...	3	...	12	...	...	...
Meningitis T.B. ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ...	1	...	1	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	38	...	...	...	1	...	...	...	...	...	...	...
Para-typhoid ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis ... ..	1	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... ..	30	...	...	...	7	...	...	...	5	...	...	...
Food Poisoning ... ..	15	...	...	...	...	...	...	...	...	...	...	...
Infective Hepatitis ... ..	50	...	...	...	2	...	...	...	3	...	...	...
Other Conditions ... ..	121	...	8	...	101	...	8	...	42	...	2	...
TOTALS ...	2061	...	58	...	175	...	11	...	70	...	2	...

TABLE IX

## 1961—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever ... ..	2	...	6	1	...	...	3	1	2	...	1	16
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	3	1	...	6	2	5	...	15	2	...	4	38
Measles ... ..	145	101	176	143	100	105	153	299	242	74	180	1718
Poliomyelitis ... ..	...	...	1	...	...	...	...	...	...	...	...	1
T.B. Meningitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ... ..	...	...	...	...	...	...	...	...	1	...	1	2
Pneumonia ... ..	...	...	...	2	...	1	...	5	6	...	...	14
Infective Hepatitis ... ..	4	1	15	5	2	1	3	6	4	2	7	50
Erysipelas ... ..	...	...	...	1	...	1	1	...	1	...	...	4
Puerperal Pyrexia ... ..	...	...	...	15	...	...	...	...	...	...	...	15
Ophthalmia Neonatorum ... ..	...	...	...	1	...	...	...	...	...	...	...	1
Dysentery ... ..	1	4	2	14	...	...	3	3	1	2	...	30
Food Poisoning ... ..	1	2	...	...	2	8	...	...	2	...	...	15
Others ... ..	5	7	14	11	10	11	5	16	16	14	12	121
Respiratory Tuberculosis ... ..	2	2	...	5	1	8	4	6	3	1	3	35
Non-Respiratory Tuberculosis ... ..	...	...	...	1	...	...	...	...	...	...	...	1
TOTAL ... ..	163	118	214	205	117	140	172	351	280	93	208	2061

## Commentary

During 1961 there was a high incidence of measles, a disease which shows a recurrent epidemic every second or third year. At present no effective means of preventing measles has been discovered, but the mildness of the latest visitation can be deduced from the fact that only 9 of the 1,718 cases were admitted to hospital. Undoubtedly measles is a milder disease than in previous years, mainly because secondary infection is now much less common and can be very speedily controlled. It cannot, however, be stated too often that infectious diseases have a certain rhythm of their own unrelated to preventive measures. Thus, while preventive medicine may rightly claim a major part in the control of smallpox and diphtheria, and bids fair to similar success with poliomyelitis, the decline of scarlet fever as a major hazard to health, and with it other streptococcal infections, has more to do with the natural history of the organism than with any human activity. New mutants and variants among bacteria and viruses may always present fresh hazards in this field.

## Infective Hepatitis

You will remember that infective hepatitis was made compulsorily notifiable in the County Borough of Darlington for an experimental period of three years with effect from 1st October, 1960. The year 1961 is, therefore, the first complete period of twelve months during which it has been possible to observe the incidence and distribution of this disorder, and during the period only 1 patient was badly enough affected to be admitted to hospital, and in her case the probable cause of the hepatic failure, to which she eventually succumbed, was a congenital defect rather than acquired infection.



Her case has, however, been included among the statistics that follow. It looks rather as though notification coincided with the peak of a minor epidemic of infective hepatitis, since during the last quarter of 1961 no cases were notified at all. Including the last two months of 1960, the previous monthly distribution was as follows:—

1960			
November	...	...	12
December	...	...	18
1961			
January	...	...	13
February	...	...	6
March	...	...	5
April	...	...	8
May	...	...	7
June	...	...	6
July	...	...	4
August	...	...	3
September	...	...	2
Later months in 1961			Nil

Table X shows the distribution by age and sex, where it will be seen that much the largest incidence occurred during school age when also girl patients outnumbered boys, though the totals for both sexes are almost equal.

TABLE X  
Age and Sex Distribution

	under 5	5-15	15-44	45-64	over 65	Total
Males	1	18	5	2	4	30
Females	1	23	3	2	2	31
TOTAL	2	41	8	4	6	61

The numbers concerned are too small to draw any clear inference from their distribution in the town, though a certain pattern seems to emerge, which is described for what it is worth. Out of the 61 notified cases 21 resided in Cockerton, and of the 41 patients of school age 8 attended Alderman Leach and 4 Reid Street schools. The next most affected part of the town was the Eastbourne and Firthmoor district, the segment lying south-east between the Fighting Cocks branch railway line and the main line from York to Newcastle. In this part of the town 14 patients were notified. There was no significant association with any other schools and the prominence acquired by Alderman Leach School was simply that it served the Cockerton area, where patients were relatively numerous. It is worth remarking that the two fatal cases of infective hepatitis among school children, which in 1959 gave impetus to your desire to know more about this disease, both attended North Road School, and in the present enquiry the Harrowgate Hill area of the town was but lightly affected. If we have now reached a lull in the incidence of this disease there will not be much opportunity to collect more information about

it, but we would much rather be without the disorder than become knowledgeable concerning it. In his capacity as Consultant Physician for Infectious Diseases, your Medical Officer of Health invited colleagues to send patients into hospital for further clinical investigation, but subsequent to his invitation no patients were offered for admission, which shows that their symptoms were slight and at no time gave cause for anxiety.

### Cross Infection in Hospital

The Control of Infection Committee of the Darlington Hospital Management Committee continued its quarterly meetings, with your Medical Officer of Health reporting to each and presenting an analysis of all real or suspected cases of such cross infection during the period under review. These reports are compiled from returns made available week by week to your Medical Officer of Health, who abstracts from them significant and relevant information, whose compilation in a stencilled report is made by a clerical member of your staff. This seems a good illustration of co-operation between two branches of the artificially divided National Health Service and an augury of the sort of thing everyone of goodwill wants to see much more widely established. In his capacity as scrutineer of the situation regarding cross infection in hospital, your Medical Officer of Health is acting as such, and not as Consultant for Infectious Diseases. Clearly, the preservation of hospital patients from the risks of infection within the institution provided for their care, at one time so very grave a hazard, is the concern of public health and preventive medicine and though it may well be that his rank as consultant gives easier access to your Medical Officer of Health to hospital affairs, the correct priorities in this particular context should be borne in mind for the best interests of all concerned. Fortunately, no untoward developments were observed during the year and, with the exception of residual staphylococcal infections at Greenbank Maternity Hospital, the overall picture was quite satisfactory. There can be no reasonable doubt that a quarterly inquest of the kind provided by this Committee keeps all personnel from surgeon to ward orderly on the tips of their toes.

### Food Poisoning

In accordance with Memorandum 188/Med. of the Ministry of Health, a return was made of cases of food poisoning and suspected food poisoning in 1961 as follows:

First Quarter ... ..	1 (Agent unidentified)
Second Quarter ... ..	14*
Third Quarter ... ..	—
Fourth Quarter ... ..	—

\* (Two family outbreaks—7 patients—agent identified)

(Two family outbreaks—7 patients—agent unidentified)

The above figures represent the official residuum of confirmed cases from among a much larger number of notifications.

## § 2. TUBERCULOSIS AND MASS RADIOGRAPHY

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows:



"In 1961 there was no major change in the arrangements for dealing with chest diseases including tuberculosis. Notifications of new cases of respiratory tuberculosis in the past five years were as follows:

1957	...	...	64
1958	...	...	61
1959	...	...	45
1960	...	...	45
1961	...	...	35

"It is satisfactory to see that the downward trend in the incidence of tuberculosis was resumed after a pause in 1959-60 and the size of the problem has become so reduced numerically that even more intensive efforts must be made to trace the origin of every new case with the goal of complete eradication in view. Also the value of the B.C.G. vaccination of school children will make itself increasingly apparent as the years pass in preventing primary and haematogenous forms of the disease in young adults. A welcome index of progress in control of infection would be a decrease in the number of school children found to be tuberculin positive when tested in connection with the B.C.G. scheme.

"The age and sex distribution of patients notified in 1961 reflects the familiar pattern even although the actual number of patients in the respective age groups is now very small.

"Of the 34 new cases seen at the chest clinic and diagnosed as suffering from pulmonary tuberculosis, 20 of them had T.B. in the sputum and therefore, being a potential source of danger to others, were urgently in need of isolation and treatment. Of the 20 sputum-positive cases there were 4 early, 13 moderately advanced and 3 far advanced when classified accordingly to the extent of the lung damage. During the year there was no waiting list for admission to hospital and it was again possible to arrange for in-patient treatment of all who required it without delay. Beds in the chest wards were also available for the treatment of patients with relapses of pulmonary tuberculosis and for diagnosis and treatment of non-tuberculous chest diseases.

"As the prognosis in pulmonary tuberculosis depends largely on providing adequate chemotherapy at the earliest possible stage of the disease,, admission to hospital was recommended immediately a diagnosis was made and no difficulty was experienced in persuading patients to accept this method of treatment. Domiciliary chemotherapy was employed as the sole method of treatment only in cases which were non-infectious and where disease was limited in extent. Patients discharged after a period of four or five months in hospital were given prolonged domiciliary oral treatment to consolidate their recovery and prevent a relapse if possible.

"The drugs in use were mentioned in the Annual Report for 1960 and there have been no new significant developments in this field. The chemotherapy of tuberculosis must be controlled by laboratory studies of the organisms and numerous investigations were carried out by the pathologists at Darlington and Northallerton in this field. At the end of the year there were three women and nine men living at home with sputum positive for tubercle bacilli and seven of these patients harboured organisms resistant to one or more of the standard tuberculostatic drugs. The organism from one patient was found to be an atypical mycobacterium classified as a photochromogen type I. This is only the second case in Darlington where pulmonary disease has been associated with this type of organism and both patients progressed favourably under treatment.

"Thoracic surgery for Darlington patients was done at Poole Hospital, Nunthorpe, as in previous years. With increasing control of the disease by chemotherapy, the number of patients suitable for surgery is decreasing year by year. There is close liaison between the surgical unit and the chest clinic and the monthly out-patient consultative session by the thoracic surgeon, Mr. E. Hoffman, has proved a valuable asset to the service.

"The use of B.C.G. as a preventive measure continued on the same lines as in previous years. Contacts were tested and vaccinated by the chest physicians and the staff of the Health Department carried out the scheme for protecting school children.

"I should like to thank the staff of the Health Department and in particular the Medical Officer of Health for their continued interest and co-operation in matters affecting the welfare of tuberculous persons."

The following paragraphs relate to the work of the chest service for Darlington in 1961.

## Administration

The Darlington administrative area for the chest service comprises Darlington County Borough and the surrounding urban and rural districts in the counties of Durham and the North Riding of Yorkshire.

The medical staff comprises one chest physician and one assistant chest physician, who deal with the out-patient consultative diagnostic work in the clinics at Darlington and Northallerton as well as the in-patient treatment of patients admitted to the chest wards at Hundens Unit, Darlington, and the Friarage Hospital, Northallerton. The assistant chest physician continued to devote part of his time to clinical work in general medicine as mentioned in the Annual Report for 1960.

The contact clinic established by the Corporation in the clinic premises at Feethams was attended by the chest physicians who worked along with the Medical Officer of Health and his staff in carrying out the functions of the local health authority in prevention, care and after-care.

Beds available to Darlington patients were as follows:

			<i>Male</i>	<i>Female</i>
Hundens Unit ...	...	...	14	11
Friarage Hospital ...	...	...	10	—
Poole Hospital ...	...	...	As required	

## Notifications

The following Table shows the age and sex distribution of patients notified in 1961.

TABLE XI

[illegible]

## Deaths

There were 8 deaths from respiratory tuberculosis compared with 11 in 1960, 3 in 1959, 9 in 1958, 12 in 1957 and 13 in 1956. There was 1 death from non-respiratory tuberculosis. In addition 5 tuberculous persons died from causes other than tuberculosis.

## Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures in 1960.

TABLE XII

	15—25	—45	—65	65+	Total
Male ... ..	2 (1)	7 (3)	4 (12)	3 (2)	16 (18)
Female ... ..	6 (6)	5 (11)	6 (3)	— (—)	17 (20)
Children... ..	—	—	—	—	1 (3)
TOTAL ... ..	8 (7)	12 (14)	10 (15)	3 (2)	34 (41)

## Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners, factories, shops, offices and other interested parties and to organise publicity and the system of appointments.

Mr. Walsh has written as follows of the work of the Unit in Darlington during 1961:

“The total number of persons x-rayed and referred to the Chest Clinic last year is very similar to that for 1960, with 15 cases of tuberculosis in 1960 as against 14 cases in 1961. Public sessions accounted for 800 more people last year and it is surprising that this produced 10 cases of tuberculosis as against 4 cases in 1960. Factories accounted for approximately 1,000 fewer persons last year and, as might be expected, we found less active tuberculosis, although the difference is rather surprising as 10 cases were found in 1960 out of 4,127 examined, whilst last year only 4 cases were discovered amongst 3,405 examinees. In view of the generally accepted idea that pulmonary tuberculosis is on the wane it is interesting to see that in 1959 we x-rayed 5,774 people and found 8 cases of tuberculosis, in 1960, 7,845 persons were examined and we discovered 15 cases, whilst in 1961, 14 cases were discovered from 7,986 examinees”.

The following Table summarises the work of the Unit in Darlington in 1961:

TABLE XIII  
Number of PERSONS X-rayed showing the number referred to Chest Clinics  
for Large Films and/or Clinical Examinations and the Abnormalities  
discovered.

Examinee Group	Miniature Films taken	To Chest Clinic	PULMONARY TUBERCULOSIS			NON-TUBERCULOUS ABNORMALITIES									
			Treat-ment or close super-vision	Occa-sional super-vision	Healed no further action	Pleural abnor-malities	Bronch-itis	Pneu-monitis	Cardiac abnor-malities	M'align'nt Neo-plasm	Misc.	Normal	Failed to attend Clinic		
Public Sessions ...	2,231	57	7	4	3	1	4	5	13	2	7	9	2	38	6
	2,344	60	3	5	4	2	4	12	9	—	7	12	—		
Factory Surveys ...	1,912	33	2	2	3	—	5	3	2	—	6	9	—	1	1
	1,499	17	2	—	2	—	—	—	2	—	2	8	—		
TOTALS ...	7,986	167	14	11	12	3	13	20	26	2	22	38	2		



### **B.C.G. Vaccination at Contact Clinic**

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 82 new contacts were tuberculin tested and 98 children were vaccinated with B.C.G. including 27 babies who were vaccinated without the preliminary skin test. These figures are additional to those in the scheme for vaccinating school children operated by the staff of the Health Department.

### **Care Work**

The Darlington Tuberculosis Care Committee, which is a voluntary committee subsidised by the Corporation, has for long undertaken the care and after-care of tuberculous families and published annually a report of their activities. The changing pattern of tuberculosis and the large scope for preventive and care work in chest diseases other than tuberculosis have led the Committee to extend the scope of their work and we have at times called upon them for help in non-tuberculous cases.

Liaison with the Committee is maintained by the attendance of the Assistant Chest Physician at their meetings.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician with a view to appropriate action for securing priority in rehousing.

In suitable cases the help of the Disablement Resettlement Officers of the Ministry of Labour was enlisted to obtain vacancies for rehabilitation and vocational training of tuberculous persons.

### **Patients on the Register**

On 31st December, 1961, there were 344 Darlington patients on the Chest Clinic register compared with 376 in 1960, and of these 339 were suffering from respiratory tuberculosis.

There were 58 respiratory and 2 non-respiratory patients written off as "recovered."

The following Table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B), and the extent of the disease namely: (1) early, (2) moderately advanced and (3) advanced.



TABLE XIV

Age Group	A.1		A.2		A.3		B1.		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	1	—	—	1	1	—	—	—	—	—	—	—	2	1
„ 15 ...	5	8	—	—	—	—	—	—	—	1	—	—	5	9
„ 45 ...	19	35	9	17	—	2	9	8	30	15	4	14	71	91
„ 65 ...	14	6	19	6	—	—	7	3	46	16	8	5	94	36
Over 65 ...	2	—	4	—	—	—	2	—	10	3	9	—	27	3
TOTALS ...	41	49	32	24	1	2	18	11	86	35	21	19	199	140

### B.C.G. Vaccination for School Children

The scheme described in previous years was continued in 1961, whereby B.C.G. vaccination was offered to all thirteen-year-old school children following a preliminary skin test to indicate whether in fact such vaccination would benefit them. In addition, the scheme included students of Darlington Training College. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

TABLE XV  
B.C.G. Vaccination Statistics, 1961  
(a) Children born in 1948 (b) Students of Darlington Training College

SCHOOL	Forms returned by Parents		% Consentors	Number Skin-tested	Positive Reactors			Negative Reactors		
	Consents	Refusals			No.	%	X-Rayed	No.	%	Vaccinated
(a) Albert Road (Boys) ...	56	10	84.9	56	9	16.1	9	47	83.9	47
Central (Boys) ..	106	18	85.5	106	17	16.0	16	89	84.0	89
Eastbourne (Boys) ...	128	27	82.6	128	38	29.7	37	90	70.3	90
Eastbourne (Girls) ...	135	38	78.0	135	47	34.8	42	88	65.2	88
Grammar (Boys) ...	134	23	85.5	134	36	26.9	29	98	73.1	96
Haughton (Mixed) ...	134	15	90.0	134	28	20.9	28	106	79.1	106
High (Girls) ...	133	11	92.3	133	33	24.8	32	100	75.2	96
North Road (Girls) ...	47	13	78.3	47	6	12.8	6	41	87.2	41
Reid Street (Girls) ..	99	18	84.6	99	19	19.2	15	80	80.8	79
St. Augustine's (Girls) ...	48	6	88.8	48	14	29.2	14	34	70.8	34
St. Mary's (Boys) ...	69	7	90.8	69	12	17.4	12	57	82.6	57
Technical (Mixed) ...	64	—	100.0	64	27	42.2	23	37	57.8	37
Barnard Special (Mixed) ...	7	4	63.6	7	5	71.4	5	2	28.6	2
Salters Lane Open Air (Mixed) ...	6	2	75.0	6	1	16.6	1	5	83.4	5
Immaculate Conception (Girls) ...	63	8	88.7	63	9	14.3	7	54	85.7	54
Polam Hall (Girls) ...	37	7	84.0	37	21	56.7	20	16	43.3	16
TOTALS ...	1,266	207	85.9	1,266	322	25.4	296	944	74.6	937
(b) Darlington T.C. (Girls) ...	—	—	—	40	20	50.0	—	20	50.0	20

### § 3. VENEREAL DISEASES

Your Medical Officer of Health remains under an obligation of gratitude to Dr. E. Campbell, the Consultant Venereologist to the Tees-side area for a copy of his report for 1961. The report deals, of course, with Tees-side in general and has no very special references to Darlington except a satisfactory observation of declining incidence of new cases of gonorrhoea at the Darlington clinic during the year in question. The following extracts from the report will be of interest:

"Venereal disease in the Tees-side area, i.e., Middlesbrough, Stockton, Hartlepoons and Darlington can be statistically examined only from data provided by the Special Treatment Clinics in this area and for this purpose a consolidated report has been compiled to get an overall picture.

"The increase of early syphilis in some areas of Great Britain has not been found on Tees-side. Latent and late cases are reduced from 24 to 18. Cases of non-gonococcal urethritis in males and forms of less common venereal disease (chancroid, lymphogranuloma, etc.) are very similar in number to 1960.

"The urgent problem is that of gonorrhoea. The total number of new cases of gonorrhoea has increased from 368 (males 281, females 87) to 438 (males 347, females 91), almost entirely an increase in male cases; it was noted that the increase was confined to cases at the Middlesbrough clinic. The number of cases of gonorrhoea are reported in Annual Reports without reference to a second or third re-infection in individual persons. In effect 12% of female patients and 18% of all male patients returned with further infection within twelve months, but 40% of 'coloured' patients acquire re-infection within the year.

"The percentage of contacts of gonorrhoea cases traced and examined remains as last year, but an increasing number of patients are acquiring their infection outside the area, 39 in 1960, 89 in 1961, and the problem remains with us of the moving population of casual labourers with constantly changing addresses, combined with insufficient information to be of value in follow-up. In this connection most of the cases of gonorrhoea which showed drug resistance were introduced by merchant seamen in particular from Brazil.

#### **Contacts Traced, persuaded to attend and examined**

Middlesbrough Clinic	...	17% of all gonorrhoea cases (40% of local contacts)
Stockton Clinic	...	18% of all gonorrhoea cases
Hartlepoons Clinic	...	16% of all gonorrhoea cases
Darlington Clinic	...	37% of all gonorrhoea cases

It is unfortunately not practicable to reproduce the graph which accompanied Dr. Campbell's report, but from this it appears that the trend of new cases of gonorrhoea at the Darlington clinic is downwards and during 1961 there were less than 20. This is a very much better picture than is to be seen in some neighbouring areas. Your Medical Officer of Health would also like to comment upon the high percentage of contacts traced and persuaded to attend the clinic and be examined there at Darlington; as Dr. Campbell's figures show, 37% of all gonorrhoea cases. Granted that the weakness of human nature predisposes to a certain amount of promiscuity in every society, the best expedient for dealing with venereal infections is to stamp them out

wherever they are found and this involves the careful and methodical follow-up of possible sources of infection. As you will appreciate, this is work that requires a high degree of very special skill, the person who does it needing to be resolute and undeterred, and also sympathetic. In earlier days your Superintendent Health Visitor, Miss E. Winch, carried out a good deal of this work, but could not make it a regular part of her duties, partly because of insufficient time and also because the contact tracer must not be limited to local government boundaries. Sister S. Ellis of Hundens Unit fulfils this duty for the Darlington clinic and combines in her person the qualities requisite for such a post. In some hard cases who live within the County Borough boundaries Miss Winch gives her support and few can resist their combined attack. As you will appreciate, the spread of venereal diseases is specially liable to occur among the casually promiscuous. The regular prostitute has every reason to maintain herself from infection and to require precautions from her clients, and little difficulty is found in the co-operation of these women for examination and treatment as soon as necessary at the clinic.



## PART III

**National Health Service Act, 1946****§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**

Your Medical Officer of Health has nothing fresh to add under this heading as far as available amenities are concerned, a list of which is as follows :

**(a) Expectant and Nursing Mothers**

Co-operation between Greenbank Maternity Hospital and the Health Department continued, with the medical staff of the hospital attending ante-natal clinics on Corporation premises with the assistance of health visitors.

The times of the clinics were as follows :

**Attended always by a Medical Officer :**

Thursday, 2 p.m.	Eastbourne Nursery School.
Friday, 2 p.m.	Albert Road School House.

**Medical Officer attends sometimes or is available at need :**

Wednesday, 2 p.m.	Greenbank Maternity Hospital.
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**Midwife only in attendance :**

Friday, 2 p.m.	Eastbourne Nursery School.
Wednesday, 2 p.m.	Albert Road School House.

The number of expectant mothers attending the Corporation clinics during 1961 was 712, and the total attendances made were 3,582.

**(b) Child Welfare**

The following is a list of the baby clinics provided by the local health authority :

<b>Monday</b>	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist School Room.
<b>Tuesday</b>	10 a.m. and 2 p.m.	Albert Road School House.
<b>Wednesday</b>	10 a.m. and 2 p.m.	Eastbourne Nursery School.
<b>Thursday</b>	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room.
<b>Friday</b>	10 a.m. and 2 p.m.	Cockerton Methodist School Room
	2 p.m.	Houghton Church School Room.

As in previous years, medical officers attended one baby clinic session weekly at each of the centres. The remainder of the sessions were conducted by health visitors. A more efficient service could be provided if medical officers were available to attend all the sessions. At

present a considerable amount of time has to be given to routine immunisations, sometimes at the expense of advice for which there is too little time available.

**(c) Care of Premature Infants**

The number of premature births was greater this year than last, 20 as compared with 13, and once again the majority were nursed at home and survived at the end of a month.

Total premature births	...	...	...	20
Nursed exclusively at home	...	...	...	19
Surviving at end of month	...	...	...	18

**(d) Supply of Dried Milks, etc.**

The central depot at the Health Department was maintained for the distribution of dried milks, which were also available at baby clinics. Mrs. D. Moore continued to give full-time service at the centre and Miss J. Howatson attended at the clinics. Mrs. D. Peden continued to give part-time service. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 23,089 tins of dried milk, 25,657 bottles of orange juice, 4,082 bottles of cod liver oil and 3,256 packets of vitamin tablets have been distributed.

**(e) Dental Care**

Rather more expectant and nursing mothers took advantage of the amenities available under this heading during 1961 as compared with the previous year, 18 as compared with 12. All the same your Medical Officer of Health is of the opinion that there is a good deal of work to be done here which may be going by default. There is certainly no failure on the part of your dental officers to be available and willing to do whatever work is brought to them and it may be that a greater drive should be given through ante-natal supervision.

Expectant and Nursing Mothers	...	...	...	18
Children under 5	...	...	...	152

**(f) Care of Unmarried Mothers and their Children**

Financial support as hitherto was given to St. Agnes' Home, 45 Duke Street, in 1961, and I am grateful to Mrs. J. Applegarth, the Superintendent, for the following figures of the work carried out during the year :

*Indoor work*—Total number of residents was 22, consisting of:

(1) Unmarried mothers	...	...	...	18
(2) Married women with illegitimate babies	...	...	...	2
(3) Temporary residents	...	...	...	2
Girls who kept babies	...	...	...	2
Adoptions	...	...	...	13

(From the 22 residents, 3 were Darlington girls).

As you will know, St. Agnes' Home is administered by the Durham Diocesan Moral Welfare Society and as in previous years a few requests were received for acceptance of financial liability for unmarried mothers of Darlington address who were looked after by other moral welfare societies. On the grounds that all-comers, whatever their home address, are received at St. Agnes' Home, in accordance with the precedent of previous years you made no contributions elsewhere.

## § 2. DOMICILIARY MIDWIFERY (Section 23)

The domiciliary midwifery service continued to function during 1961 along the lines laid down in previous years. Miss C. Beckett combined in her person Superintendent Midwife and Superintendent of the district nursing service, and this arrangement continued to function satisfactorily. Unfortunately you lost the services of Miss P. Oversby, your Deputy Superintendent, who resigned to take up another post with effect from 31st August. Midwife Mrs. Hawley, after long years in your service, retired on superannuation on 1st January and after an interval during which her place remained unfilled Mrs. G. L. Popple was appointed from 1st September. Miss D. Chapman also resigned with effect from 31st December, to take up another appointment, her place to be filled in the New Year. It is interesting to note that, as over the last four years, there is a slight upward trend in the number of domiciliary confinements. Whether home or hospital is the right place where to have a baby is a matter over which experts are inclined to argue. Aesthetically, home would seem to be the place for choice, all things being equal, but under this last clause a great many variable factors are included and the fact remains that the majority of doctors' wives elect to be confined in hospital or maternity nursing home. Probably hospital confinement is more convenient, but also there is the question of safety, and, as has been sagely remarked, no confinement is normal until it has been successfully concluded. Unexpected contretemps may arise at any point, including severe and sometimes fatal bleeding, even after the delivery of the child. Such mishaps are, of course, rare, but their existence gives an added appeal to the safety of the hospital. On the other hand, as noted elsewhere, hospital confinement has its own hazards, for instance the risk of cross infection by strains of organisms increasingly resistant to common antibiotics and your Medical Officer of Health is of the opinion that the right solution lies along the lines of ever closer association between the domiciliary and hospital services, so that at need the emergency amenities of the hospital ward could be laid on in the home of the patient. This involves what is known as a "flying squad", whereby medical and nursing aid may hasten with the utmost possible speed to the bedside of the patient at risk in much the same way as the fire brigade hastens to an outbreak of fire. Unfortunately, though the matter has often been talked about, a "flying squad" has no formal existence in Darlington.

One rather dubious feature of recent hospital policy is the early discharge of patients on the third, or even second, day after confinement. This, of course, is by no means confined to Darlington and is becoming regular procedure in many places, perhaps throughout the country. One reason for this is the pressure on hospital beds and it could be avoided, at any rate in such an extreme form, if hospitals exercised resolute selection of patients. There are certain categories of case, such as all first deliveries, deliveries in women over 35



and where there have already been four previous confinements, which responsible obstetric opinion regards as always appropriate for hospitalisation. There are also equally urgent social conditions and there may be in any likely-to-be-normal case complications such as have been indicated, but when all these factors have been evaluated there still remain a very large number of young mothers who could be quite safely confined at home and who ought not to be booked at hospital unless some otherwise unexpected emergency arose. The disadvantages of very early discharge are numerous. One reason why hospital confinement may be regarded as an advantage is that it normally provides a period of rest during the lying-in period for the mother, who is away from her home and its responsibilities. This is grossly curtailed under conditions of such early discharge. The domiciliary midwife too may feel considerable frustration, since the crucial part of obstetric practice is the safe delivery of the child and to have to accept the care in the puerperium of patients who one has not delivered may seem a waste of talent. This may, of course, happen to any midwife when, for instance, relieving a colleague, but under conditions of very early discharge it becomes a regular feature of her service.

Another vexed question in domiciliary midwifery is the role of the general practitioner, who is now expected to accept an ever greater responsibility in the management of the cases booked by him.

The work carried out during the year is summarised as follows :

#### Gas and Air Analgesia :

	1957	1958	1959	1960	1961
Number of patients using it ...	190	152	191	207	229
Percentages of total domiciliary confinements ...	56	55	69	67	70

#### Pethidine :

Number of patients using it ...	94	86	92	105	117
Percentage of total domiciliary confinements ...	28	31	33	34	36

**Total domiciliary confinements** ... 338 275 282 311 326

	Cases attended as Midwives	Cases attended as Maternity Nurses
1952 ...	270	64
1953 ...	299	48
1954 ...	310	45
1955 ...	319	31
1956 ...	282	42
1957 ...	298	40
1958 ...	253	22
1959 ...	255	27
1960 ...	288	23
1961 ...	297	29



### § 3. HEALTH VISITING (Section 24)

Amidst the many routine duties of health visitors it is often difficult to discern the beginnings of new developments and to emphasise those aspects of work which represent an advance on previous activity. During 1961 the main concern of the health visitors, as in previous years, remained the care of mothers and young children, as the following Table shows. Several additional points, however, are worthy of mention. In the first place, the number of students of different kinds who visit the department for purposes of training or in pursuit of research tends to increase. As in past years, the Durham County Council health visitor training scheme made use of the facilities available here to give insight to their students on the work of a County Borough and your Superintendent Health Visitor and Medical Officer of Health are always delighted to co-operate with a neighbour in this respect. Student nurses also are increasingly initiated into the medico-social work of the Health Department, receiving lectures from your Superintendent and making visits on the district with health visitors, and a close and happy co-operation exists between Miss Winch and Miss Stanton, the Senior Sister Tutor at the Darlington Memorial Hospital. Last, but not least, a similar co-operation exists with the Training College and here we think very considerable advance ought to be possible because the more closely potential teachers become interested in public health the better will health education extend among school children.

At a general meeting of the health visitors with your Medical Officer of Health in the early autumn certain requests were made by them which he was able to fulfil. One of these was for lectures on child psychiatry, and six talks with appropriate practical demonstrations were given by Dr. L. W. Robinson, psychiatrist to the Child Guidance Clinic. The need to cultivate this side of their work in connection with maternal and child welfare was very strongly realised by all, which led to the request. In these days of good general health, and even perhaps excessive nutrition among young children, the psychological problems loom larger than in the past, partly by the abatement of earlier problems, but partly also because they are really larger through parental anxiety and loss of self-confidence. Another request made by the health visitors was that they should have access to the wards of the Darlington hospital group, particularly the children's ward (Ward VI) at the Memorial Hospital, in order to provide sociological information regarding child patients and to obtain knowledge of the diagnosis and treatment ordered to assist after care. Such access was readily granted by the hospital management, with the full consent of the consultants and of the Matron and Ward Sisters concerned. When the matter was raised in the Hospital Management Committee, a general practitioner member quibbled about it, on the grounds of alleged breach of confidence as between patient and general practitioner. At the end of the year no further steps had been taken with regard to this objection, but equally, with one exception, no health visitors had made contact at the hospitals.

Your Medical Officer of Health fully appreciates the point of view of the practitioner in question and it would certainly be fantastic if a health visitor knew more about the treatment and care of a patient than perhaps was known to the practitioner concerned. The answer to this is easy; that the practitioners should make full use of health visitors as socio-medical auxiliaries, such as is made in certain other authorities and which has been warmly

commended in these pages in previous years. This closer association demands goodwill on both sides and an approach in the first instance from the health visitor rather than from the doctor. The obvious means of entry to such co-operation is a patient where both practitioner and health visitor have a clear common interest. At least one such case arose in 1961 and the appropriate contacts and exchanges of information were carried out with mutual regard.

A rather different but excellent example of co-operation was provided during the year when health visitors carried out on behalf of one of the practitioners in the town some research which he had accepted from the Medical Research Council. This concerned the incidence of staphylococcal infections among certain of his patients and health visitors were made available for the collection of specimens. Another survey was carried out at the request of the Director of the Northallerton Public Health Laboratory and concerned a cross-check on children to detect possible effects of virus infection during maternal pregnancy. The blood of an expectant mother is examined as a routine for such matters as haemoglobin content and Rhesus factor, and where the blood remained in store it was thought an admirable opportunity to see whether the child during its first year showed any abnormality, when, if so, the blood itself could be submitted to tests to show evidence of recent virus infection. Clearly, the number of positive responses of such an enquiry will be few and up to date no significant information has come to hand. The enquiry, however, involved a good deal of extra work, both for health visitors and your Medical Officer of Health, which, like so much else, was taken in their stride without comment.

The following Table shows the work of the health visitors during the year.

TABLE XVI  
Work of Health Visitors

				<i>Total Visits</i>
Expectant mothers	...	...	...	572
Infants under 1 year	...	...	...	6,034
Children 1 to 2 years	...	...	...	3,625
Children 2 to 5 years	...	...	...	9,237
Miscellaneous Visits	...	...	...	2,025
Tuberculous Patients	...	...	...	813
				<hr/> 22,306 <hr/>

#### § 4. HOME NURSING (Section 25)

The home nursing service continued throughout 1961 to give service to the satisfaction of the users and of the general practitioners of the town. The peculiar regard in which the general practitioners hold the district nurses is shown by their annual offer of an outing to them from surplus Local Medical Committee funds. A similar treat is not offered for midwives nor health visitors and while it is not the opinion of your Medical Officer of Health that these branches should expect such courtesy, it is interesting to note what has happened as evidence of good relations. On the other hand, the question still remains whether the home nursing service is being used to its best advantage, whether need (as distinct from demand) exists that is not being met, for instance for a night nursing service, and whether more might not be done

for the special nursing of children. The relatively high infant mortality figures for 1961 make this last a specially relevant question. In short, your Medical Officer of Health feels that here we may have a section of the department where a detailed evaluation might be well worth while.

TABLE XVII  
Analysis of Patients and Visits Paid, 1949, 1954 and 1961

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1954	11	86	8	52	1,028	20	189	3,397	18
1961	8	120	15	35	759	22	73	1,541	21
	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1961	203	8,116	40	607	22,509	35	926	33,045	36

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

## § 5. VACCINATION AND IMMUNISATION (Section 26)

It is pleasant to be able to record an increase during 1961 in the number of persons of all categories who received their first two injections of Salk poliomyelitis vaccine. The total number was 5,105 as compared with 2,913 in 1960. Third injections, however, showed a decline and although during the year all local health authorities were exhorted to make available a fourth injection to school children it was not possible in Darlington to touch this side of the matter at all. Perhaps it was fortunate that no programme had been arranged, as the Salk vaccine was in short supply when the time came. Even if supplies had been adequate, however, it would only have been possible for your staff to have carried out this work at the price of dropping almost everything else and this, as you can well believe, is much easier said than done. Expansions of departmental work are not only nor even primarily a question of finding additional medical and nursing man hours; they impose inevitably a considerable additional strain on your clerical establishment, which at present has insufficient senior members to absorb without prejudice to other vital services the almost casual impositions upon time and labour which the Ministry of Health from time to time bestows. This is not in any way to decry the advisability of a fourth Salk vaccine injection, but merely to underline some of the difficulties, unseen and unrealised by the general public that beset expanding services.



As these words are written, in May, 1962, the whole question of Salk vaccine has become obsolescent, since oral Sabin vaccine is now in good supply and the changeover from the one method to the other is in full swing. There was, of course, much discussion about the changeover to oral vaccine before the end of 1961, but no steps had been taken during the period of this Annual Report.

No doubt the increased popularity of poliomyelitis vaccination, shown in Table XXII, was due to the outbreak in epidemic proportions of the disease in the City of Kingston-upon-Hull. This was an unexpected bolt from a fairly tranquil sky and gave some valuable experience for the country at large in the use of oral vaccine though the Sabin variety at present (1962) in use is of a different and more effective kind from that used in the City of Hull.

There is nothing new to record in respect of immunisation against diphtheria, whooping cough and tetanus. The triple antigen which was introduced in 1960 was used throughout 1961 and a good deal of it was administered in  $\frac{1}{2}$  ml. doses, which, owing to their smaller bulk, are less resented by patients. The year 1961 showed nothing worthy of note on the front against smallpox, except to record the numbers vaccinated and re-vaccinated, as shown in Table XIX.

The following Tables summarise the work carried out during the year.

#### Primary Immunisation of Children under 15 years of age

			Local Authority Clinics	General Practitioners	Total
1951	...	...	742	251	993
1952	...	...	869	209	1,078
1953	...	...	827	197	1,024
1954	...	...	937	195	1,132
1955	...	...	875	159	1,034
1956	...	...	775	258	1,033
1957	...	...	777	259	1,036
1958	...	...	683	205	888
1959	...	...	946	267	1,213
1960	...	...	791	281	1,072
1961	...	...	896	338	1,234

TABLE XVIII

#### Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	841	298	1139	463	69	532
5 to 14 years ...	55	40	95	228	122	350
TOTALS ...	896	338	1234	691	191	882



TABLE XIX  
Vaccination against Smallpox

		Age at date of Vaccination					Total
		Under 1	1	2—4	5—14	15 or over	
Health Department	Vaccinated ...	521	13	14	11	11	570
	Re-vaccinated ...	—	—	—	—	31	31
General Practitioners	Vaccinated ...	156	10	14	20	62	262
	Re-vaccinated ...	—	—	2	6	80	88
	TOTALS ...	677	23	30	37	184	951

TABLE XX  
Immunisation and Vaccination : Comparative Figures

	1954	1955	1956	1957	1958	1959	1960	1961
Immunisation, Children under 5 years ...	875	821	855	824	709	994	977	1139
Immunisation, Children 5—14 years ...	257	213	178	212	179	219	95	95
Vaccination, Children under 5 years ...	264	221	297	392	454	546	589	730

TABLE XXI  
Immunisation against Whooping Cough

	Age at date of final injection			Total
	Under 1 year	1—4 years	5—14 years	
Health Department ...	685	150	61	896
General Practitioners ...	216	65	24	305
TOTAL ...	901	215	85	1201

TABLE XXII

**Poliomyelitis Vaccination**

Class	Local Authority Clinic	General Practitioners	Total
Children born 1943-1961 ... ..	1,470	1,182	2,652
Young persons born 1933-42 ... ..	469	299	768
Persons born before 1933 who have not passed their 40th Birthday ...	791	692	1483
Others ... ..	202	—	202
TOTAL ... ..	2,932	2,173	5,105
Third Injections ... ..	853	1,554	2,407

**Inoculations against Tropical Diseases**

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 65 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.) ... ..	24
Cholera ... ..	37
Tetanus (T.T.) ... ..	4

Yellow Fever inoculations are obtained by appointment at the Health Department, Middlesbrough.

**§ 6. AMBULANCE SERVICE (Section 27)**

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the past 10 years are as follows:

			Number of Patients	Mileage
1952	..	...	20,564	107,154
1953	...	...	23,706	125,265
1954	...	...	26,338	121,269
1955	...	...	29,278	132,921
1956	...	...	28,717	125,495
1957	...	...	29,062	124,492
1958	...	...	28,135	132,558
1959	...	...	27,543	138,036
1960	...	...	29,503	137,558
1961	...	...	30,264	141,457

Public means of transport are recommended where possible but the majority of doctors prefer to issue certificates for their patients to travel by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. The question of the possible abuse of the ambulance service remains always under consideration. In the first place this is an amenity for which the local health authority pays, but which is in effect completely controlled by the hospitals and by the general practitioners. In other words, here is an example of he who pays the piper not calling the tune. At various times suggestions have been made that the ambulances should pass to the control of the hospital authorities and logically this would seem a proper step, since they are almost entirely employed in transporting patients to and from hospital and they have nothing to do with preventive medicine and very little with community care and rehabilitation. It might be said in fact that the only service discharged by your ambulances on your own behalf is the conveyance of crippled patients to the handicraft centre, which must obviously take second place where emergencies of acute sickness or accident supervene. Under the efficient management of the Chief Officer of your Fire Brigade, and thanks to his staffing arrangements, your Health Department is entirely relieved of all administrative responsibility for the ambulance service and here is an example of an agency which your Medical Officer of Health has no desire to see determined.

Your Medical Officer of Health acknowledges that the above paragraphs are identical with those of last year except that the figures have been brought up to date. He does not, however, think that he can comment more aptly than this upon the matter in hand.

## § 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

### Tuberculosis

The Darlington Tuberculosis Care Committee continued to function in the manner described in previous years and hallowed by long tradition. The National Chest and Heart Association, sometime National Association for the Prevention of Tuberculosis, with which your Committee is affiliated, has

now extended its sphere to cover the care of patients suffering from all varieties of chest and heart disease, as its title shows. Your Committee has not yet seen its way similarly to extend its range, though some non-tuberculous patients are recipients of eggs, milk and other amenities within its gift.

Your Medical Officer of Health is of the opinion that a new look at the special position of the tuberculous in society is definitely due, as he has stated on previous occasions. Tuberculosis no longer holds its once pre-eminent place as a wasting disease associated with poverty that took a very heavy toll upon young people at what ought to have been the peak of their working life. Without, therefore, in any way suggesting that the tuberculous should be neglected, he would like to see the range of the Committee's responsibilities greatly extended, so that it became a "Chronic Sickness Care Committee" to which all sufferers from long-term debilitating maladies would stand referred. If the structure of the Committee were to remain as at present it would naturally follow that a much stricter discretion would have to be shown as to who remained on ward visitors' lists, or alternatively the number of ward visitors would have to be very greatly increased.

Once again your Medical Officer of Health, as Honorary Secretary of the Committee, would like to pay tribute to the excellent work of Mr. I. Burnley, who is the actual executive officer with regard to day-to-day administration and also to Mr. A. G. Clarkson, Chief Welfare Officer, who is the Treasurer.

### Illness Generally

In previous years under this heading not much has been included except to summarise the work of the handicraft centre, North Road, and this year it is not proposed to make any comment otherwise than as hitherto, but, as has been noted in the paragraph above, it will be appreciated that the needs of the chronic sick are not forgotten and that a comprehensive scheme to discover and as far as possible meet their needs must sooner or later be devised.

The following analysis summarises the work of the centre during the year:

#### Attendance

Men	...	...	...	...	...	...	33
Women	...	...	...	...	...	...	32
Attending centre	...	...	...	...	...	...	43
Assisted at home	...	...	...	...	...	...	20
At both centre and home	...	...	...	...	...	...	2

#### Disabilities of Patients

Pulmonary tuberculosis	...	...	...	...	...	6
Arthritis deformans	...	...	...	...	...	12
Amputations and after-effects of operations and injuries	...	...	...	...	...	7
Diseases of heart and blood vessels	...	...	...	...	...	9
Diseases of central nervous system	...	...	...	...	...	10
Diseases of the bones	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	1
Psychoneurosis	...	...	...	...	...	8
Congenital deformity	...	...	...	...	...	1
Mental deficiency	...	...	...	...	...	10



**Handicrafts**

Canework and basketry	...	...	...	...	...	28
Knitting ...	...	...	...	...	...	11
Stool seating	...	...	...	...	...	9
Embroidery	...	...	...	...	...	8
Felt-work and toy-making	...	...	...	...	...	4
Teapot stands	...	...	...	...	...	3
Leatherwork	...	...	...	...	...	2
Woodwork	...	...	...	...	...	2
Crochet ...	...	...	...	...	...	1
Dressmaking	...	...	...	...	...	1
Plastics ...	...	...	...	...	...	1
Raffia-work	...	...	...	...	...	1
Rug-making	...	...	...	...	...	1
All kinds of handicraft	...	...	...	...	...	4

**Chiropody**

The Minister of Health, in his Circular 1/62, particularly requested that reference should be made in the Annual Report of Medical Officers of Health for 1961 on what had been done in respect of chiropody services. As you will know, this is an authorised service for which proposals may be submitted for ministerial approval under Section 28 of the National Health Service Act and in fact as long ago as the summer of 1960 your Medical Officer of Health reported to you, submitting draft proposals, which, after due discussion, were finalised at the June meeting in 1960 in the following terms:

"It is the intention of the authority to arrange in its area for the provision of chiropody treatment to be given by full-time or part-time chiropodists qualified in accordance with the National Health Service (Medical Auxiliaries) Regulations, 1954. This treatment will be given

- (a) on local authority premises
- (b) on the premises of chiropodists and
- (c) if necessary in the homes of patients.

Treatment will be provided at first for persons aged 65 years and over, physically handicapped or mentally disordered persons and expectant mothers. It will be extended if considered necessary to other categories of persons. Only patients referred by a registered medical practitioner will be accepted for treatment. The extent of the service will depend on the demand for it and the availability of qualified chiropodists."

Although it was agreed in principle that a chiropody service should be set up, it was also resolved that the proposals should be submitted for further consideration at a subsequent meeting of the Committee and in fact to the end of 1961 no further attention was given to the matter. This was because there was already in existence a voluntary service undertaken by the Darlington Branch of the British Red Cross Society on behalf of the Darlington Aged People's Welfare Council. This organisation, of which your Medical Officer of Health and Chief Welfare Officer are members, has for a long time kept an eye on the interests of certain cadres of old people in the town and has established several self-governing clubs to give them a rendezvous on certain weekdays. During 1961 the scheme provided for treatment for 167 elderly people on a total of 636 occasions, the patients visiting the chiropodists on their own premises and the appointments being made on their behalf by

personnel of the British Red Cross Society. The Darlington Aged People's Welfare Council accepted payment for this service and a grant was made by the local health authority to the Welfare Council with reimbursement of expenses in this respect particularly in view. It is, however, a complaint of the Aged People's Welfare Council that the financial support given by the local health authority is insufficient to provide as extensive a chiropody service as is required and in any case only a small part of total need is met, since the beneficiaries are only members of the aged people's clubs sponsored by the Welfare Council. As all concerned recognise, the reservoir of greatest need, and not only for chiropody, naturally is likely to be found among those old people who are not members of the club and who have no wish to become so. Your Medical Officer of Health is sure that the time is ripe for a more direct development of this service along the lines of the proposals indicated above.

### § 8. DOMESTIC HELP (Section 29)

The work carried out during the year is summarised in the following Table and illustrates once again the high proportion of patients, assisted by the home helps, who belong to the category of chronic sick which includes the aged and the infirm. More applicants were assisted in 1961 than in the previous year, which again showed a rise on the figures for 1959. Like the home nursing service, this section meets all demands made upon it to the satisfaction of all concerned, but again covers a field where in the opinion of your Medical Officer of Health undisclosed need may exist. Undoubtedly the need to pay even a small amount towards the cost of the service by the user discourages some from making as full a use of it as they might. The lack of home help services at weekends must also curtail potential value. Some years ago a panel of voluntary sitters-in to provide companionship during the night was recruited as an experimental measure, but as there seemed to be no demand nothing was done and the project lapsed. It may be wondered, however, whether in fact there is not some scope, were it only understood, and your Medical Officer of Health is of the opinion that when a more detailed insight is obtained into the situation of the old in Darlington, as is already being undertaken by the Welfare Department under your Chief Welfare Officer, Mr. A. G. Clarkson, and should be greatly encouraged by the appointment of a geriatrician, a true valuation of need will be obtained. You will appreciate that it is far better to maintain the chronic infirm, whether by age or illness, in their own homes than to take them into hostels of various kinds; it is not only more compatible with human needs, it may even claim for itself the virtue of relative cheapness. There are various ways whereby a home help service may be augmented without the recruitment of additional staff, as for instance by payment for services rendered to a relative or neighbour by some relation or friend who is only prepared or required to serve in an emergency.

Somewhat related to the home help service, though not in fact associated with it in administration, is a laundry service for the infirm, helpless and particularly the incontinent. Various efforts have been made to make effective such a service in Darlington, but up to the end of 1961 no patient had actually been helped in this way and once again the fact that a charge is made on the same scale as for home help is a discouraging feature. The sort of people who are likely to make most use of a laundry service are precisely those who are least able to pay for it.

TABLE XXIII

Type of Case	1961		1960	1959	1958
	Number of Cases	Hours Worked	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	55	2,249½	43	28	37
Tuberculosis ... ..	2	19	6	5	4
Chronic sick (including aged and infirm) ... ..	450	41,450	414	368	387
Others ... ..	68	3,865¾	54	64	61
TOTAL ...	575	47,584¼	517	465	489

### § 9. MENTAL HEALTH SERVICE (Section 51)

Looking back in later years it may be possible to pinpoint 1961 as marking the beginning of a comprehensive mental health service in Darlington. Statements had previously been made that the nucleus of a first-class service was in being, but this year it can safely be said that the skeleton began to put on flesh; though its full shape and form remained for the future, nevertheless a contour and pattern were clearly visible. The following events serve to illustrate the very great progress made during this period.

There was firstly the appointment of Mrs. B. Meadows as a full-time mental welfare officer on 29th May. This addition to the staff meant more than one extra officer to deal with the rising tide of work. The need for a woman had long been realised in order to fulfil duties which were outside the proper scope of a male officer and the Consultant Psychiatrist, Dr. E. A. Burkitt, as well as general practitioners in the town, had often requested help of this kind. In Mrs. Meadows was provided an able and willing officer who fully justified her appointment. At first it was hoped that she would be able to give a good deal of her time towards the supervision of the mentally sub-normal and severely sub-normal female patients who were known to the department, but in practice it soon became evident that she was almost wholly required for the care and after-care of patients referred from the out-patient clinic at the Memorial Hospital and/or following in-patient treatment at Winterton Hospital.

Another important step was the provision of satisfactory accommodation at 42 Victoria Road. Hitherto the overcrowding of two and latterly three officers in one small room in the school clinic building had been highly inconvenient and had moreover given no facilities for the proper interviewing of patients in private. Now that the officers have separate rooms this difficulty has been overcome and there is no need to underline the highly confidential nature of the interviews in question, the presence of a third party or of disagreeable surroundings being quite sufficient in some cases to stultify the whole procedure.

With the acquisition of new premises it was possible to obtain additional clerical assistance, and Mrs. M. Muller was appointed to this end on 16th October. With her previous experience in the almoner's office at Sunderland



Royal Infirmary, she was able to bring to her new appointment some knowledge already of the kind of work required and she has proved her usefulness to the mental welfare officers. The filing system has been much improved and the reports of each patient can be properly typed and maintained. Hitherto, of course, these tasks were carried out by the mental welfare officers themselves to the detriment of their time for their more valuable duties.

During the year a new card system was put into operation, whereby the Consultant Psychiatrist was able more easily to pass on information to the officers of the department relating to patients who were due for discharge from hospital. By this means the mental welfare officers knew beforehand what kind of community care was required in each case and the system of coding on these cards relieved the psychiatrist of the need to dictate long letters while putting the mental welfare officers fully into the picture. Such a scheme does not, however, lessen the value of case conferences in hospital over each individual patient and the distance away of Winterton Hospital is an adverse factor in this respect, though not, of course, unique to Darlington. In describing these developments a warm tribute must be paid to Dr. E. A. Burkitt, who is responsible as Consultant Psychiatrist for the Darlington area. He has shown untiring energy and zeal towards the integration of the hospital and local health authority services and, thanks to his inspiration, the team spirit between all workers in the field is well developed and a future prospect of ever closer and more fruitful co-operation may be envisaged. Dr. Burkitt is always anxious to "tie up the loose ends" of every case, which involves long and arduous case work for all concerned, but pays abundant dividends in the feeling of satisfaction of work well done to the benefit of each patient's health.

The year has, of course, its share of unsolved problems. One of the more crucial of these is the difficulty of obtaining suitable employment for the hard core of chronic schizophrenics. The Disablement Resettlement Officer, Mr. C. Hugill, has always shown the greatest zeal towards solving this problem, but his efforts have proved largely unavailing in persuading employers to accept patients who have been in hospital for some years. Where shorter terms of illness were involved the difficulty has not been so great, but where long-term patients are concerned some kind of interim sheltered employment may be necessary in order to prove to potential employers that the people they are asked to help are really productive workers. In the field of mental sub-normality close and cordial relations with the Medical Superintendent of Aycliffe Hospital, Dr. W. Dunn, and his staff have continued as in previous years. The earlier flood of discharges from the hospital following the operation of the Mental Health Act in 1959 subsided during the year and hence the difficulties of absorbing such patients into the community became much less, though their supervision continues to present a problem to the mental welfare officers. The Senior Mental Welfare Officer, Mr. C. W. Price, gave lectures on community care and the Mental Health Act, 1959, to nurses at the request of the hospital on two occasions and practical demonstrations of community problems and home visits were given by Mr. S. McAulay. Aycliffe Hospital was able to help throughout the year by taking patients under Ministry of Health Circular 5/52 for temporary admission to relieve relatives in sickness or for holidays, and at the end of the year only one child was awaiting urgent admission. The regular visits which have always been desired, and in past years have been largely carried out, to the homes of sub-normal and severely sub-normal persons in the community have suffered



in 1961 owing to the pressure of work relating to mental illness and the question of appointing mental welfare assistants, as contained in the approved proposals, will need to be considered at an early date. The need too for a training centre/industrial workshop for severely sub-normal patients continued to exist and no effective steps were taken during 1961 to remedy it. This was a great pity because the good habits of regular attendance at the Junior Training Centre were lost when such persons were only able to attend on two afternoons per week and it may be difficult to re-establish them when premises are eventually made available.

Last but not least, a word of commendation for Toc H, whose members continue to run the social club for sub-normal and severely sub-normal men each Friday night at their headquarters in the Horsemarket. This club fulfils a very useful function and has been further strengthened during the year by the opening of an afternoon session on alternative Saturdays when patients from Aycliffe Hospital may come into the town and make use of the club premises, obtaining tea there. Here is an outstanding example of the assistance given by a voluntary organisation to assist the mentally handicapped in the community.

The work of the year is summarised in the following Tables.

#### Mental Illness

	M.	F.	Total
Admitted to Hospital:			
(a) Informally ... ..	64	83	147
(b) Under Observation Certificate ... ..	4	5	9
(c) Under Treatment Certificate ... ..	9	6	15
(d) Under Urgency Certificate ... ..	14	17	31
Referred for domiciliary visit by Psychiatrist ... ..	1	1	2
Referred to Psychiatric Clinic ... ..	16	15	31
Placed under Guardianship of Local Authority ... ..	—	—	—
Home Supervision by General Practitioner and Mental Welfare Officer ... ..	15	12	27
Other disposals (Salvation Army Hostel, etc.) ... ..	6	4	10
	<hr/>	<hr/>	<hr/>
Total cases dealt with ... ..	129	143	272
After Care Visits and Interviews ... ..			2,192

#### Sub-Normality

	Under 16 yrs.		Over 16 yrs.		Total
	M.	F.	M.	F.	
Under supervision at end of year:					
(a) In the community ... ..	22	14	99	74	209
(b) Under guardianship ... ..	—	—	1	—	1
(c) In Hospitals (including patients on leave) ... ..	15	8	52	36	111
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	37	22	152	110	321
Patients in the community:					
(a) Attending Junior Training Centre ... ..	22	13	—	—	35
(b) Attending Adult Training Centre ... ..	—	—	8	9	17
(c) In suitable employment ... ..	—	—	61	19	80
After Care Visits and Interviews ... ..					1,391

## PART IV

**National Assistance Act, 1948 (Part III)**

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and your Assistant Medical Officer of Health, Dr. J. F. Bishop, attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority. During the year ending 31st December, 1961, your Assistant Medical Officer of Health made a recommendation in support of 17 admissions while the applicants' own doctors made recommendations in 90 cases.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflect the situation in 1961.

TABLE XXIV

**Age Distribution of Blind Persons in Darlington**

	Under 16	16—29	30—49	50—64	65—69	Over 70	TOTAL
Men ... ..	3	1	5	17	5	21	52
Women ... ..	2	3	4	11	7	49	76
TOTAL ...	5	4	9	28	12	70	128

Number of blind persons normally resident in Darlington  
(not of school age) undergoing training away from home Nil

Number of persons employed—

(a) in Workshops for the Blind ... ..	2
(b) Home Workers... ..	1
(c) Open employment ... ..	5

## PART V

## Growing Points

## § 1. HEALTH EDUCATION

The same pattern of health education was pursued during 1961 as in previous years, when a number of talks were given by members of your staff to various groups and associations in the town listed below, and thought was bestowed upon how best to extend the sphere of health education more effectively among the people. One project in this direction, which officers of the Ministry of Health are most anxious should be extended in Darlington, is the technique of group discussion, especially among expectant and nursing mothers. A handicap in this respect is the lack of adequate teaching facilities at clinic premises and an attempt to implement the programme thus sponsored was planned for next year among expectant mothers where mothercraft classes would be held in place of the ante-natal clinics heretofore attended by health visitors (i.e., the clinics held at Eastbourne on Thursday and at Albert Road on Friday afternoons). The development of this project, however, belongs to the future.

## Talks and Lectures

Date	Association	Subject	Speaker
Jan. 10	Dodmire Townswomen's Guild ...	The Mentally Handicapped Child ... ..	Mr. Price
23	Firth Moor Primary P.T.A. ...	The Mentally Handicapped Child ... ..	Mr. Price
24	Toc H (Women's Section) ...	The Mental Health Act 1959 ... ..	Mr. Price
Feb. 7	Royal College of Midwives (Darlington Branch) ... ..	Mental and Emotional Disorders of the Puerperium	Dr. Markham
9	North Road Young Wives' Assn.	Home Nursing for Housewives ... ..	Miss Winch
14	Soroptomists Club ... ..	Children in Hospital ... ..	Dr. Markham
Mar. 14	Toc H (Women's Section) ...	Mental Health ... ..	Dr. Markham
20	Railway Institute (Darlington Division of Assoc. of Engineers)	Brains Trust ... ..	Dr. Walker
28	Red Cross Detachment, Polam Hall ... ..	The Work of the Public Health Inspector ... ..	Mr. Ward
30	St. Cuthbert's Mothers' Union ...	Mental Health ... ..	Dr. Walker
Apr. 9	Harrowgate Hill Methodist Young People's Fellowship ... ..	Mental Health ... ..	Dr. Walker
19	Geneva Road Baptists ... ..	Children who will never grow up ... ..	Mr. Price
20	Victoria Road Townswomen's Guild ... ..	Community Care of the Mentally Disordered ...	Mr. Price
May 15	Aycliffe Student Nurses ... ..	The Mental Health Act 1959 ... ..	Mr. Price
17	Albert Road Methodists ... ..	Problems in Mental Health	Mr. Price
31	Girls' High School P.T.A. ...	Teenage Health ... ..	Dr. Markham

Date	Association	Subject	Speaker
June 28	Cockerton Co-operative Women's Guild ... ..	Health in the Middle Years	Miss Winch
30	St. Mary's P.T.A. ... ..	Immunisation and Vaccination ... ..	Dr. Walker
July 22	Public Health Engineers ... ..	The Changing Face of Public Health ... ..	Dr. Markham
Sept. 5	Coniscliffe Road Methodist Women's Fireside ... ..	The Work of the Public Health Inspector ... ..	Mr. Ward
Oct. 5	Co-operative Joint Guild ... ..	"They" ... ..	Miss Winch
9	Church of England Men's Society	Sociology of a New Housing Estate ... ..	Miss Baldwin
10	Eastbourne Townswomen's Guild	Mental Health ... ..	Dr. Markham
12	Reid Street P.T.A. ... ..	Healthy Adolescence ... ..	Dr. Markham
12	Borough Surveyor's Staff ... ..	Food Hygiene and Inspection of Meat and Other Foods ... ..	Mr. Ward
17	Corporation Road Methodists ... ..	Children who will never grow up ... ..	Mr. Price
24	Coniscliffe Road Methodist Women's Guild ... ..	Mental Health ... ..	Dr. Markham
Nov. 1	Standing Conference of Women's Organisations ... ..	The Work of the Public Health Inspector ... ..	Mr. Ward
20	Cockerton Methodists ... ..	Children who will never grow up ... ..	Mr. Price
Dec. 6	Civil Defence ... ..	Home Nursing ... ..	Miss Winch

No bulletins were issued to the groups during the year, as no special subject for discussion seemed to demand overriding interest. This does not mean that projects to extend the range of preventive medicine were not under consideration, but they were not sufficiently mature to be put even in fragmentary form before the public. It will be noted that the rather excessive preoccupation with mental health that was to be seen among the titles of talks given in 1960 has now reached more normal proportions. A good deal of actual development was recorded during the year in respect of this subject, as is described in the appropriate section of the Report.

Last year the Ministry of Health requested a note on what special attention had been given towards the prevention of cancer of the lung, with special reference to the curtailment of cigarette smoking. Your Medical Officer of Health made a comment on advertising in this connection which he would like to repeat. It is completely futile to expect young people to abandon or to refuse to acquire a habit whose systematic glamorisation they encounter not only on the walls and hoardings of their cities, but on the television screen as well, the importance of whose sub-liminal influence is well appreciated by the commercial undertakings who are prepared to pay lavishly for the use of so effective a platform.

## § 2. GERIATRICS

The objectives of a geriatric service are fairly clear. They are to maintain the mobility, social interest and independence of older citizens for as long as possible. Whether concern is with an elderly couple or with a widowed or single man or woman, the basic needs of the situation remain much the same and it is far better for the old to remain in their own accommodation with children and friends keeping contact and unobtrusive oversight upon them than for



them to relinquish their independence. In the past women have fared better in the last years of life than men because of their much greater ability to look after themselves and to take an interest in so doing, but one may believe that the once helpless man, who on account of pride, sloth or spoiling by his womenfolk, was unable to cater and carry out simple repairs to his clothes, is in process of disappearing. All the same, the increased expectation of life inflicts on many citizens of both sexes what can hardly be described otherwise than as a burden, and the graphic description of old age contained in Holy Scripture (Eccles. 12) remains as true as ever. Which also teaches us that good habits cannot be postponed until old age to be acquired; they must be practised in the prime of life as well.

This much being granted, how can the local authority in its health and welfare functions provide means to meet the situation? Your Medical Officer of Health is personally of the opinion that the older members of the community should be as much the responsibility of the health visitor to visit as the next. It would be her business to appreciate the situation with regard to health and adjustment to environment, just as in respect of mothercraft at the other extremity of life. Very many of her older friends would need no more than an occasional visit, but here and there she might be the unobtrusive influence to maintain social and family contacts before they were lost, and persuade the undertaking of remedial measures, for instance chiropody, before serious handicap or disability had arisen. Detailed case work among the elderly might well be passed on to a welfare worker, but the forward in the game here as elsewhere should be, one thinks, the health visitor. This year, as hitherto, your Superintendent Health Visitor, Miss E. Winch, continued her work in association with the admissions department of the hospital group and undertook an appreciation of the situation of all patients referred to her for admission to the chronic sick beds at East Haven Hospital.

One cannot emphasise too strongly that geriatrics and the treatment of the chronic sick are two quite distinct disciplines, though they necessarily overlap to a considerable extent. As a matter of fact, in the present situation of medicine when the infectious diseases no longer claim their erstwhile toll of health and life, and when disease is for the most part represented by degenerative conditions, it is very difficult to draw a frontier between geriatrics properly so called and general medicine, and Dr. R. H. M. Stewart, Senior Administrative Medical Officer of the Newcastle Regional Hospital Board, has been wise, one may be sure, to persuade the Board to appoint a General Physician interested in Geriatrics, instead of a Geriatrician to the vacancy created by the impending retirement of Dr. W. A. Jaques. Unfortunately this appointment, which should have been made with effect from July, 1961, remained unfilled on 31st December. This was disappointing when such developments in co-operation between the hospital and local health authorities in this field were hoped for during the year. If, however, we can all be confident that the right sort of person, burning with zeal and both anxious and able to introduce new ideas, will in due course be appointed, the delay will not have been wasted.

Adverting to the work carried out by Miss Winch, the following Tables have been prepared as in previous years, to which your careful attention is invited. The analysis, Table XXV, of disorders from which the old were suffering remains much as in previous years. What is described as senility means, of course, a general breakdown of wear and tear of intelligence and

powers of self-help, but it will be observed that diseases of blood vessels, including cerebral vascular accidents (strokes) are the largest single item among women, perhaps because the expectation of life among them is longer than among men. The number of cases of cancer at all sites was greater proportionately than in previous years, though no particular conclusion is to be drawn from this since the relatively few cases of this usually fatal illness have hitherto been rather remarkable among a group of patients where one would expect often to have found it. And often, of course, more than one disability was encountered in an individual patient and in these cases the causative or more disabling condition has been preferred. It will be noted that 149 cases were investigated in 1961 as compared with 99 in 1960 and 108 in 1959. Four patients were found to be blind in addition to the disability requiring hospital care and 2 were noted as deaf (i.e., hard of hearing). Table XXVI gives the age and sex distribution, from which it appears that 13 patients were under sixty years of age and hence cannot correctly be included as of geriatric concern. Their presence confirms what has been said above about the overlap between geriatrics properly so called and the care of the chronic sick. Among these patients 5 consisted of chronic diseases of the central nervous system (disseminated sclerosis for 3 of them), 3 were sufferers from cardio-vascular disease, 2 from cancer and 1 each from diabetes, chronic lung disease (bronchitis) and 1 from an undefined acute infection. Your attention is particularly drawn to Table XXVII which summarises home circumstances. This year it is possible to add a note relating to care in the home, showing whether the patient was looked after by spouse, daughter, other relations or by neighbours. In this context "other relations" include in-laws and neighbours and also unrelated occupiers of the house where the patient was lodging. Sometimes, of course, care was given by more than one party, but this is not reflected in the Table, so that if for instance, the patient was looked after by wife and daughter he is classed as looked after by spouse. Once more the small proportion attended by District nurses and still smaller proportion attended by home helps is a prominent feature and your Medical Officer of Health must reiterate his belief that the home help service could be very greatly extended if patients could be persuaded to make use of it. The fact, however, that it must be paid for is something of a dissuasive. A fair proportion of patients this year were investigated with a view to what may be called holiday relief. This is a fruitful line of development in geriatric as in other circumstances, since many relations would be prepared to accept the care of old people if they could be sure of a break during the year when they could be completely relieved of the responsibility and be able to take a holiday away from home. This scheme has, I believe, been substantially developed in many geriatric departments, among them at Sunderland under Dr. Woodford-Williams, and it is to be hoped that much more of this will be seen in the future in Darlington. The last Table of married status reflects the well known fact that the majority of married women must look forward to widowhood. For two patients, one man and one woman, age was not recorded.

TABLE XXV

	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents) ... ..	25	19	44
Myocardial degeneration ... ..	6	6	12
Chronic lung diseases ... ..	5	4	9
Chronic nervous diseases ... ..	1	6	7
Cancer, all sites ... ..	4	12	16
Diabetes ... ..	—	2	2
Senility ... ..	16	26	42
All other medical conditions, including acute illnesses	4	3	7
Non-medical conditions ... ..	2	—	2
Chronic Arthritis Deformans ... ..	3	5	8
Total cases investigated ... ..	66	83	149

TABLE XXVI

## Age and Sex Distribution

	Under 60		60—70		70—80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (65 patients) ...	6	9	12	19	31	48	16	24
Women (82 patients)...	7	8	10	12	30	37	35	43
Total persons (147 patients) ...	13	9	22	15	61	41	51	35



TABLE XXVII

	Male	Female	Total
Care adequate but cannot be maintained ... ..	41	44	85
Care adequate except for nursing ability ... ..	1	2	3
Care generally inadequate ... ..	11	18	29
District nurse in attendance ... ..	18	25	43
Home help in attendance ... ..	3	7	10
Hospital priority recommended ... ..	46	57	103
Suitable for Part III Welfare accommodation ...	4	4	8
Looked after by: Spouse... ..	23	10	33
Daughter ... ..	17	23	40
Other Relations ... ..	12	23	35
Neighbours ... ..	5	3	8

TABLE XXVIII

	Men	Women	Total
Married ... ..	27	17	44
Widowed or separated ...	23	47	70
Single ... ..	10	15	25
Not stated ... ..	6	4	10
TOTAL ...	66	83	149

### § 3. ACCIDENTS IN THE HOME

Once again the number of accidents upon which health visitors reported were many fewer than the total in the town. Obviously their terms of reference are in the first instance limited to children of pre-school age and accidents occurring outside this age group, though of equal importance from the angle of preventive medicine, are not as yet investigated by the Health Department. Your Medical Officer of Health has appended as a commentary to this section some general considerations respecting confidence and communications which are relevant to accidents of all kinds and throughout the whole sphere of medicine, but which seem particularly appropriate in this context.



Of the 14 incidents of which reports are to hand, 4 were reported by one health visitor, 4 by another, 2 each by others and 1 by a fifth health visitor. This distribution has been observed in past years also, but is not thought to reflect an actual differential of accidents by district.

### Age and Sex Distribution

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Under 1 year	...	...	3	—	3
1 to 2 years	...	...	4	3	7
2 to 5 years	...	...	4	—	4

### Nature of Injuries

Cuts and abrasions	...	...	...	...	2
Head injuries (not fractures)	...	...	...	...	3
Fracture due to fall	...	...	...	...	1
Burns	...	...	...	...	2
Scalds	...	...	...	...	6

### Preventable Factors

Lack of parental care	...	...	...	10
Defiance of parental advice	...	...	...	1
No definable factor	...	...	...	3

In assessing lack of parental care as a preventable factor, your Medical Officer of Health was very conscious that he was dealing for the most part with borderline cases. In one instance, a burn arising from the lack of a fire guard, the parents were undoubtedly to blame, but in the others the normal defiance of children was often quite as much involved as any lack of supervision by the parents. It is neither possible nor desirable to watch children every minute of the day and it is even less desirable to curb their natural desires to climb and explore. All the same, the investigations undertaken by the health visitors in such cases are not wasted, since even when no fault can be discerned the importance of accident prevention and the ease by which an accident, possibly a fatal one, can occur is brought home to responsible people. Actually all the incidents described here were trivial in their effects. Two of the scalding accidents involved washing machines and one burn was from an electric iron. Parentcraft was for the most part described as satisfactory.

Another accident involving fatal burns occurred shortly before Christmas in a school girl aged six, whose home background was somewhat sub-standard and who, when left alone in the house, tried on a new frock which caught fire, occasioning burns which later proved fatal. Here was a case where maternal care was at fault, though it was exceptional for the child to be left alone, and the incident illustrates how a tragic accident may happen in exceptional circumstances.

### Comment on Confidence and Communications

The majority of severe accidents, whether at home or out of it, are admitted to hospital and it is therefore from hospital records that information might be made available to allow for a follow-up of wider range than is at present achieved. The secretariat of the Darlington Hospitals Group gives year by year an extremely valuable list of children of school age admitted for treatment and among these accidents are naturally included. Something rather

more than this was aimed at during 1961, whereby, at least where children of school and pre-school age were concerned, the copy of the letter from the consultant or registrar who had care of the patient in hospital to the patient's general practitioner was forwarded as a matter of routine to your Medical Officer of Health. This is already a practice where in-patients are concerned at the Stockton Children's Hospital, at the Fleming Memorial Children's Hospital, Newcastle and at the children's departments of the Royal Victoria Infirmary and General Hospitals, Newcastle. The value of this procedure for the completion of records cannot be over-estimated and, since the local health authority in its health and education capacities has a statutory duty to supervise the health of its child population, this can only be effectively carried out by the fullest exchange of information and adequate recording. Where child patients are concerned, the information made available from the hospitals above enumerated is much more valuable than at first sight might appear, since, owing to the lack of a paediatric department at the Darlington hospitals, a large number of Darlington children find their way to the care of paediatricians at Tees-side and Tyneside, and your Medical Officer of Health would like to comment at this juncture on the friendly relationships maintained between your department and themselves. There still, remains, however, a lacuna where Darlington itself is concerned, though not, of course, in the sphere of infectious diseases, since your Medical Officer of Health is himself physician in this speciality. An approach was therefore made to the Hospital Management Committee through the Hospitals Group Advisory Committee to arrange for a copy of the letter from the consultant to the practitioner in respect of child patients to be sent to the Health Department and this was accepted as reasonable by the physicians and surgeons, but was strongly opposed by certain general practitioners and, although the original proposal was pruned down to meet their prejudices, to the end of the year no letters of the kind requested had been received.

It cannot be too strongly emphasised that no breach of confidence is involved in the procedure described above. The Health Department receives some of the most intimate details relating to patients, as for instance concerning mental illness, tuberculosis and, until 1948, venereal diseases as well. All the records of the district nursing service are automatically open to the inspection of your Medical Officer of Health and are in fact analysed by his clerks, and the same is equally true of the midwifery service. Within hospitals case records are sorted and filed by non-medical personnel and are open to investigation by the non-medical Secretary. All personnel engaged in the health service, whether by local authority or by the hospitals, or by general practitioners themselves, are automatically committed to complete discretion with regard to what they see and hear, and the objections raised against free communications on the grounds that in some obscure way the confidence of patients will be compromised represents a very poor appreciation of reality.

It is quite true that what a man says to his minister of religion or to his lawyer is absolutely confidential; in the latter contexts it is guaranteed by the Courts and in the former, though in Britain there is no such guarantee, the penitent may be certain that his spiritual adviser would die rather than reveal what has been told to him. This, however, does not apply where questions of physical health and welfare are concerned and one may be quite sure that a patient who will entrust the safety of his person to public services in hospital or clinic will have no compunction about the use of available information for his own and the public good.

## PART VI

**Other Services****§ 1. HOUSING**

As in previous years a certain number of persons applied to your Medical Officer of Health for special consideration in respect of their application for rehousing in a Council house. Often their hope was to shorten the normal waiting period by some unusual circumstances of over-crowding or adverse effects upon health. Such cases were too few and insufficiently significant to require separate tabulation and it may be said that the housing situation in Darlington is sufficiently well in hand to allow of the re-accommodation of all acceptable applicants soon after their minimum waiting period. Sometimes, of course, people apply who have no claim for consideration under the Council's scheme or whose period of residence in Darlington so far is so short that they must look forward to a prolonged probationary period. It can be said without any question at all, however, that the situation is immensely easier than it was ten or even five years ago. No doubt the almost stationary population of the County Borough is a help in this matter.

Following its initiation in 1959, and pursuit in 1960, the enquiry into the circumstances of applicants under the pensioners' bungalow scheme was continued in 1961 and each quarter the Housing Department supplied to your Medical Officer of Health a list of names of applicants who, during the previous quarter had become eligible after their year's waiting period. In all, 110 names and addresses were received, of whom 86 were contacted. Certain "wastage" is inevitable in this context as some applicants have made their own arrangements, others have decided to stay where they are and others have died. Among those actually visited, some were found who were quite content with their present situation and who had applied for a pensioner's bungalow more as a theoretical goal than as an accepted need. Most of those who were placed in the lowest category of priority, that of "May be postponed", belong to this group.

The following Table gives a general analysis of all investigations made.



TABLE XXIX

	Priority	Retain	Retain without urgency	May be postponed	Total number investigated	Total number named
Couples living in rooms ...	2	1	1	0	4	4
One person living in rooms ...	0	6	6	0	12	21
Couples tenants of houses ...	0	4	9	4	17	23
One person tenant of house ...	1	5	13	9	28	32
Couples owner-occupiers ...	1	2	1	0	4	4
One person owner-occupier ...	0	2	2	1	5	5
Tenants of Council houses ...	2	3	10	1	16	21
TOTAL ...	6	23	42	15	86	110

The information in the left-hand column was supplied by the Housing Department and was coded as shown following a visit to the home. These figures do not represent the whole of the work carried out in this connection during the year, since a further 16 applicants were visited whose circumstances had changed since an earlier visit in 1959 or 1960 and about these a paragraph is included lower down.

The marking system described in the Annual Report for 1959 was employed, as hitherto, but usage has led to a certain development in the system. Now a mark is given for purely medical reasons and another, usually somewhat higher, to include the total environment, psychological, social and physical, as far as this can be assessed. Occasionally the final mark is actually lower than the medical mark, which may occur when an applicant with some quite severe disability is nevertheless extremely well adjusted to his or her present conditions. In the following list the final marking is, of course, the one adopted:

Ungraded or awarded no marks ...	...	9
Awarded $\frac{1}{2}$ mark ...	...	13
Awarded 1 mark ...	...	17
Awarded $1\frac{1}{2}$ marks ...	...	21
Awarded 2 marks ...	...	20
Awarded 3 marks ...	...	6
Awarded over 3 marks ...	...	0



As hitherto, an attempt was made to estimate the adjustment of the applicants to their life situation. By this criterion the division was as follows:

Content	...	...	...	...	28 (32.6%)
Adjustment fair	...	...	...	...	40 (46.5%)
Overall unhappy	...	...	...	...	15 (17.4%)
Miserable	...	...	...	...	3 (3.5%)

All workers in the field of gerontology have emphasised the importance of the family in the picture of old age; not necessarily or even advisably that the old persons should live in the household of offspring, still less that a son or more often a daughter should give up her own life for their sake, but frequent and friendly contact between old people and their families allows of an unobtrusive surveillance and a sharing of burdens while providing the means to combat loneliness, which is perhaps the biggest single menace of old age. Only the unrealistic will imagine that relations between parents and children are always harmonious, but it is rare indeed for them to be actually hostile and the plight of the single or childless old person is worse than where there is family in the picture. In the 1961 enquiry, family relationships appeared to be effective in 43 instances. In no case during interview was any specific reference made to neighbours and no direct enquiry was made towards assessing their rôle in the situation.

The following were the number of complaints relating to environment; out of 70 households, in 32 the house was described as too large, the stairs were complained of in 15 instances and bad arrangement of amenities, such as difficult ground-floor levels and outside W.C. and a step into the yard, were mentioned in 8 instances. With regard to medical disabilities, rheumatism and arthritis in all their different forms headed the list with 23 complaints, and cardio-vascular disorders including effects of stroke and severe breathlessness on exertion with 21. Bronchitis and asthma were complained of by 6 persons and 10 were found to be hard of hearing. These estimates of medical disability relate, of course, to individual persons. The applicants were divided among 32 married couples, 3 men who lived alone, 45 widows, 5 spinsters and 2 married women living apart from their husbands. This year all persons were of pensionable age, i.e., there were no examples of a husband of pensionable age with a younger wife. Age distribution was as follows:

60-69	...	...	...	18 men	53 women
70-79	...	...	...	17 men	26 women
80+	...	...	...	0 men	5 women

As will be seen from the first of these Tables, No. XXIX, six applicants were put into the top priority category. The reasons for such grading were as follows:

- (1) Widow crippled with arthritis living in inconvenient house.
- (2) Man paralysed and incontinent after stroke, looked after by frail wife in inconvenient house.
- (3) Man crippled with rheumatism and wife without lower limb (amputation on account of diabetic gangrene) in inconvenient house.
- (4) Man in fair health but wife crippled by amputation of lower limb for diabetic gangrene.

- (5) Man with bronchitis and wife with severe and completely disabling Parkinsonism.
- (6) Very deaf widow with rheumatism and neuralgia, in obsolescent pre-fab.

As hitherto, on the whole a high standard of housekeeping was maintained. Where the applicants were living in rooms or with their families such an assessment was not always possible and it was made as follows:

House-proud	...	...	...	...	8
Good standard	...	...	...	...	39
Adequate standard	...	...	...	...	30
Sub-standard	...	...	...	...	3
Ungraded	...	...	...	...	6

### The Dynamics of Old Age

The pensioners' bungalow enquiry gives means for potentially valuable research into the dynamics of old age, whereby the actual strains and stresses to which elderly persons are subjected are studied with a view to their anticipation and the prevention as far as possible of their worst consequences. Thus, when he finds time to be able to do it, your Medical Officer of Health would like to re-visit a large number of applicants both as friend and medical sociologist to observe their circumstances, but at present he limits such return visits to those who have written to him, or whose case has been brought to his notice, as suggesting a deterioration and, as noted above, 16 such visits were made in 1961. Eleven of these had been visited first in 1959 and 5 in 1960. Of the 1959 applicants, their condition was found to be changed for the worse in 3 instances and their marking was appropriately increased. In 8 no significant change in circumstances and hence no modification of marking was made. Among the 1960 re-visits 3 were found to have deteriorated and no change was observed in 2.

The new marking and recommendation where made were duly reported to the Borough Treasurer with each quarterly report and it is worth noting that among those re-visited 2 were re-assessed as in the top priority group. Thus you may rest assured that once an application has been made for a pensioner's bungalow, and the applicant has been visited by your Medical Officer of Health, he or she will remain within the interest of the Health Department for the rest of their life. As hitherto, all visits and assessments were made by your Medical Officer of Health in person in order to ensure as far as possible uniformity of treatment.

### Slum Clearance

With the confirmation of the Albion Street, Archer Street, Commercial Street and King Street clearance areas during the year, the major objective of the original five-year plan of slum clearance in Darlington was accomplished. Their remain now scattered smaller areas to be dealt with, of which the Fry Street area was represented during the year. A future programme has been designed to deal statutorily with small groups of unfit houses during the next several years to come, but, as has been stated on previous occasions, the number of unfit houses in Darlington is small. An important caution has to be borne in mind in all considerations of unfit houses, which is that every

house as a term of usefulness depending upon the original standards of its construction and on the care subsequently lavished upon it, so that there is no end to the housing problem. Also the standard of acceptable amenities tends to rise and the house that seemed in every respect a satisfactory dwelling in 1900 may not be so regarded today, even when its structure is sound and it has been well preserved.

## § 2. METEOROLOGY AND ATMOSPHERIC POLLUTION

During the year, observations continued to be taken and the following report summarises them; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXX

### SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1961

#### Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.55	28.40	50	22	4.02	.50	2	21
February	30.30	28.80	55	31	1.14	.30	8	10
March ...	30.30	29.30	70	30	0.68	.30	30	5
April ...	29.90	28.95	68	29	3.19	.78	1	21
May ...	30.40	29.15	75	38	1.78	.75	4	11
June ...	30.15	29.45	84	36	2.19	1.55	10	10
July ...	30.10	28.90	73	43	1.98	.75	12	11
August...	30.20	29.35	82	39	1.94	.36	7	14
September	30.00	29.10	77	38	1.89	.60	2	13
October	30.30	28.80	64	30	2.77	.37	5	20
November	30.20	28.90	55	25	0.98	.19	29	15
December	30.50	28.45	52	16	3.02	.66	29	16
Totals ...	—	—	—	—	25.58	—	—	167
Averages	—	—	—	—	2.13	—	—	14

#### Atmospheric Pollution

Regular meetings of the Tees-side Clean Air Committee of Local Authorities have taken place at different venues within the area, and much practical benefit has been derived from discussions of the numerous problems associated with air pollution.



The Technical Sub-Committee, of which your Chief Public Health Inspector is a member, furnished a report showing that 16 authorities on Tees-side are co-operating in collating information in connection with deposits in the area, and for that purpose 60 gauges, 18 lead peroxide instruments and 15 volumetric smoke and SO<sub>2</sub> apparatus are in use.

Although we consider Darlington a clean town, this Department is not complacent, and visits have been made during the year to most of the industrial premises in the town in an effort to assist and advise on the management of boilers.

Major improvements to plant have been made in 3 cases and your Chief Public Health Inspector is looking forward to the time when the Alkali Inspectorate can find the solution to the problem in connection with certain iron and steel processes.

It is pleasing to report that results of the Deposit Gauges in Darlington still compare very favourably with any other authorities on Tees-side.

The average deposit in tons per square mile per month is as follows :—

		<i>Tees-side Area</i>		<i>Darlington County Borough</i>
Industrial	...	36.09	15.77	
Semi-Industrial	...	20.19	8.47	
Residential	...	12.22	6.58	
<i>Ferric Oxide</i>				
Industrial	...	4.12	1.38	
Semi-Industrial	...	2.04	0.66	
Residential	...	1.22	0.53	

TABLE XXXI

Results of total deposit from gauges in tons per square mile per month

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January ...	6.21	11.29	15.38	9.66	10.63
February ...	3.93	8.16	14.38	6.14	8.15
March ...	4.50	6.32	13.45	7.79	8.01
April ...	7.56	11.10	12.60	10.55	10.45
May ...	11.03	8.59	19.20	10.54	12.34
June ...	4.11	8.00	16.33	6.08	8.63
July ...	3.93	6.75	40.73	5.77	9.09
August ...	3.65	6.57		5.36	
September ...	7.05	7.20	15.25	5.81	8.82
October ...	7.15	10.88	15.15	8.69	10.46
November ...	4.40	7.96	12.01	6.30	7.66
December ...	5.20	8.96	14.78	6.65	8.89
Monthly Average	5.72	8.48	15.77	7.44	9.36

Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	9	5	4	5	16	37	15	7	2	—



### § 3. LABORATORY SERVICE

A good deal of work in the department is carried out by the Public Health Laboratory at Northallerton and the same use was made of it as in previous years. The personal interest taken by Dr. D. J. H. Payne, the Director of the Laboratory, and Dr. P. N. Coleman, must be acknowledged gratefully, as on previous occasions.

One important piece of research carried out on a national basis and entrusted to the Public Health Laboratory Service for local implementation has been in connection with virus diseases during pregnancy. As you will know, a specimen of blood is normally taken as a routine from every expectant mother to ascertain whether she is anaemic, her blood group and, especially in the case of a first pregnancy, her Rhesus factor. This blood would also show agglutinations to viruses had the mother suffered recently from infection by them and the object of the research was to examine every child born to a mother from whom a specimen of blood serum remained in store, when he or she had attained the age of a year old, in order to discover whether any congenital defects were apparent. In the event of such defects, e.g., hare lip, or deafness, being found a check would be made upon the corresponding maternal blood against common viruses and if positive agglutinations were found in a substantial proportion of such cases evidence of damage by virus infection during pregnancy would be materially increased. This is a valuable but complex piece of research, which could only show findings of value from a very large number of individual investigations, but your department co-operated with the Laboratory and a very large number of children at or about one year old were submitted to a more than usually rigorous examination in accordance with the request made by the Director of the Laboratory and the appropriate forms were completed. Your Deputy Medical Officer of Health, who has had considerable paediatric experience, acted as a collator of the forms for Darlington.

Mr. W. G. Carey continued to act as Public Analyst and to carry out chemical examinations as required.

### § 4. MEDICAL EXAMINATIONS

The value of a medical examination of an entrant to Corporation service, whether superannuated or otherwise, may be quite considerable from the point of view of collecting statistical evidence of, for instance, the presence of glycosuria (indicating incipient diabetes) in the population and it may equally be of value to the examinee as bringing to light some defect which he might take steps to remedy. Its value from the point of view of the Corporation is almost negligible since no-one can predict the health of a patient in a year's or even six months' time from an examination carried out today, and all that can actually be said is that this person is at this moment fit as far as can be ascertained for the post to which he is to be appointed. A person so found fit is likely on actuarial grounds to retain his post effectively for a good many years, but, though this is statistically true, where large numbers are evaluated it is not particularly true for individual persons. Another point to be considered is whether the local authority has the power to refuse appointment to a person ostensibly fit at the time though showing evidence of potential later illness, such as high blood pressure or glycosuria. Again, where the

examination of employees who have been absent through illness is carried out in certain cases, it may be valuable to have a confirmatory opinion from your own medical officer that the employee is now fit again, but for the most part the practitioner's certificate to that effect should surely be accepted as sufficient as he must know far more about the patient than your own Medical Officer. Where a discrepancy between your Medical Officer's opinion and that of a practitioner is found, you may be sure your own officer would, of course, take up the matter with his colleague to see if the divergent views could be harmonious before making a final decision. The upshot of these considerations is to wonder whether more time is given to the medical examination of staff than in fact the circumstances warrant and if the local authority were anxious to have an opinion equivalent to that required by a life insurance company they should be prepared to pay for it from a physician who was not their employee and in no way committed to them. Your Medical Officer of Health does not, of course, regard this as a matter of conscience, but rather as a matter of common sense, and the work carried out in medical examination of Corporation staff during the year is shown in the following Table.

**TABLE XXXII**  
**Medical Examinations of Corporation Staff**

DEPARTMENT	Sup'ation		Sick Pay		Periodicals, etc.		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's ... ..	...	...	...	...	...	...	...	...	...
Civil Defence ... ..	...	...	...	...	...	...	...	...	...
Education ... ..	...	2	1	16	44	97	45	115	160
Fire ... ..	1	...	...	...	5	1	6	1	7
Health ... ..	...	6	...	8	...	4	...	18	18
Library and Museum ... ..	...	1	...	...	...	4	...	5	5
Markets ... ..	2	1	3	...	...	...	5	1	6
Parks, Cemeteries and Baths ... ..	4	...	11	...	3	...	18	...	18
District Nurses ... ..	...	1	...	...	...	1	...	2	2
Surveyor's (incl. Water)	19	3	51	4	22	2	92	9	101
Town Clerk's ... ..	...	...	...	...	...	1	...	1	1
Treasurer's ... ..	1	...	...	...	8	4	9	4	13
Transport ... ..	21	7	2	1	16	3	39	11	50
Weights & Measures ... ..	...	...	...	...	2	...	2	...	2
Welfare (incl. East Haven Hos.)	1	2	...	12	...	5	1	19	20
Others ... ..	...	1	...	...	...	...	...	1	1
<b>TOTALS ...</b>	<b>49</b>	<b>24</b>	<b>68</b>	<b>41</b>	<b>100</b>	<b>122</b>	<b>217</b>	<b>187</b>	<b>404</b>

## § 5. WATER SUPPLY AND SEWAGE DISPOSAL

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

“ **Water Supply**—The supply is pumped from the River Tces, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 155 occasions and on tap water from different areas of the town on 53 occasions.

Details of the total water consumption per year since 1952 are given below. The water consumption, excluding the amount supplied to the Tees Valley and Cleveland Water Board in 1960, increased by 8,481,000 gallons.

No water was supplied to the above Board during this year.

Year ending 31st December					Gallons Pumped
1952	...	...	...	...	2,212,990,000
1953	...	...	...	...	2,136,960,000
1954	...	...	...	...	2,276,690,000
1955	...	...	...	...	2,098,370,000
1956	...	...	...	...	1,883,040,000
1957	...	...	...	...	2,069,980,000
1958	...	...	...	...	2,060,310,000
1959	...	...	...	...	1,991,720,000
1960	...	...	...	...	2,039,230,000
1961	...	...	...	...	2,031,665,000

There is no statutory limit to the Corporation's powers of abstraction from the River Tees and, although the Tees Valley and Cleveland Water Act, 1959, empowered the Tees Valley and Cleveland Water Board to construct additional works at Broken Scar to increase their take of water up to 40 M.G.D., the Corporation's rights are protected. The Tees Valley and Cleveland Water Board commenced construction of a 4,000 million gallon reservoir at Balderhead during the year, designed to conserve water in the gathering grounds of the River Tees for the use of the rapidly expanding industry on Tees-side.

Darlington's supply is pumped, after treatment, direct to the town and to a 7 million gallon service reservoir at Harrowgate Hill.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate total number of dwelling houses within the Borough is 27,644. The whole of these are supplied by water mains direct into the houses except 19 which are served by stand pipes, i.e., out of a total population of 84,050, 67 are served by stand pipes.

**Rivers and Streams**—That part of the Eastmount Watercourse lying between Valley Buildings and Wm. Press & Son Ltd., has been culverted.

**Sewerage and Sewage Disposal**—Work is nearing completion on the construction of the Cocker Beck Valley Sewer from the main outfall sewer near Leadenhall Street to Cockerton, the contract amount being £114,532. Work is proceeding on the design of the next stage of the main outfall sewer and also on a scheme for diversion of surface water from some foul sewers.



The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is dealt with by the main Sewage Purification Works, which consists of detritus and sedimentation tanks, percolating filters, humus and storm water tanks. The sludge from the processes is dealt with on sludge drying beds during the summer and by distribution on adjacent farmlands during the winter.

The main Sewage Purification Works were constructed in 1942. A recent contract for Stage 1B. of the Sewage Works Extension Scheme, amounting to £43,250 and providing for new Constant Flow Detritus Tanks, Screening Equipment, Comminutor, Workshop, Flume and New Channels to the Sedimentation Tanks, is now in operation thereby completing the modernisation of the preliminary treatment process.

A draft scheme to complete the modernisation of the Sewage Disposal Works, at a cost of £398,000 has been submitted to the Ministry of Housing and Local Government for approval in principle.

The Council has tried wherever possible to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town.

**Disposal of the Dead**—Three cemeteries with a total area of 93 acres of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

The work of reconstruction on the Crematorium at the West Cemetery is now completed, and the Corporation have taken over the service from the Darlington Cremation Society."

## § 6. PUBLIC BATHS DEPARTMENT

The Darlington Public Baths Department, Gladstone Street, comprises two swimming pools and warm bath suites :—

**The Gladstone Pool**—100 ft. x 40 ft. ( $3\frac{1}{2}$  ft. to  $7\frac{1}{2}$  ft. depth), capacity 140,000 gallons. Cubicles and clothes lockers provide dressing accommodation for 250 persons each session. Pool fittings include graduated 3 meter diving stage. This pool opens for bathing between April and September each year and, during the 1961 summer a total of 108,621 persons attended.

**The Kendrew Pool**—100 ft. x 48 ft. ( $2\frac{1}{2}$  ft. to  $5\frac{3}{4}$  ft. depth), capacity 100,000 gallons fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal facilities for swimming teaching, and is largely used by the Education Committee for organised schools classes who attend throughout the year. Total admissions for 1961/62 were 200,675.



**Warm Baths**—Ladies' and Gent's suites, 14 cubicles in all, and 11,885 persons used these during the past year. With the building of new housing estates and the modernisation of old housing, all possessing integral warm bath facilities, the demand for use of the public baths has fallen steadily for a number of years, but a useful service is still provided.

Altogether, during the full year 1961/62 a total of 321,181 persons enjoyed one or the other of the department's bathing facilities.

### **Organised Swimming**

**Free tuition classes**—organised by the department for children between the ages of 6 and 11 years is most successful. During the year 13,591 lessons were given, and 430 Corporation certificates awarded to children successfully swimming unaided 48 ft., the width of the Kendrew Bath. Since the commencement of the scheme 3,328 children have qualified as competent swimmers.

**Poliomyelitis rehabilitation**—A total of 5 patients registered during the year and collectively made 206 attendances. All patients are now swimming to some degree. A number of patients are also making use of the public swimming sessions.

**Adult classes**—A new venture sponsored by the Central Council for Physical Recreation successfully filled a long neglected need for teaching adult non-swimmers, and 92% of those participating are now swimming within limits.

**Darlington Schools**—The demand for swimming facilities by the schools continues to increase year by year, and the total 95,218 children attendances registered during the year strained the time table allocations to capacity limits.

### **Pool Water Purification**

To attain and maintain Ministry of Health recommended standards of bacteriological safety, the water of both pools is continuously circulated with a 3-hour 'turnover' through a battery of pressure and sand filters. Treated by the 'Breakpoint' technique of water sterilisation results in the provision at all times of a sterile water comparable to that of drinking water and of a crystal clear blue colour. The water is heated to a minimum of 78° F. before returning to the swimming pools. In maintaining the safe and comfortable conditions demanded over 3,000 pools water tests were taken during the year for temperature, pH and total alkaline values, and for free chlorine residuals. Additional to this a total of 72 samples, sent to the Public Health Laboratory, Northallerton for bacteriological examination, were certified by Dr. Payne to be pathogenically safe and the equal of Ministry of Health requirements.

## PART VII

**Sanitary Circumstances****(REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR)****§ 1. INTRODUCTORY LETTER AND ANALYSIS OF INSPECTIONS**

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report and record of work carried out by the Public Health Inspectors' Department during 1961.

This report follows on similar lines to my previous reports in that I have summarised under respective headings the conditions prevailing in all sections of the duties with which my Department is charged.

It is pleasing to report that the staff was brought up to the full establishment of 6 Inspectors during the latter part of the year, due to a pupil qualifying as a Public Health Inspector. This establishment is still one of the lowest in the Country on population basis. Twelve years ago the national average was 1 Inspector per 9,000 population, and therefore on that basis we are still 3 Inspectors short.

In recent years, not only has much additional legislation widened our sphere of duties, but extensive development has created wider areas to cover. The time may be opportune, therefore, to question the adequacy of the travelling allowance for District Public Health Inspectors which was fixed at £8 per annum in 1958, and to suggest that the question of transport for staff and equipment be re-examined with a view to securing greater mobility and efficiency.

Slum clearance work progressed as quickly as the allocation of houses would permit, and the several Compulsory Purchase Orders confirmed by the Minister included the largest in the Council's programme, namely King Street and its environs.

A reference to the section on food hygiene shows there has been a wider coverage by Inspectors of almost all classes of food premises than has been attained in recent years

With regard to meat, 100% inspection of slaughtered animals was maintained throughout the year although the number of animals slaughtered exceeded by 11,000 the total for last year.

All the staff are very appreciative of the more spacious offices in Victoria Road to which we moved in September. The minor administration problems created by our severance from the parent office were quickly resolved, and our function as part of the team remains unchanged.

In conclusion, I have pleasure in expressing my thanks to the members of the Health Committee and to the Medical Officer of Health for their support and encouragement, and to my Inspectors for their loyalty throughout the year. I also place on record my appreciation of the work done by my clerk, Mr. Brown, who daily lightens my task by his methodical and accurate handling of the large and varied amount of correspondence, facts and figures with which we deal.

I have the honour to be,

Your obedient Servant,

F. WARD,

Chief Public Health Inspector and  
Inspector of Meat and Other Foods.

## ANALYSIS OF INSPECTIONS

**Housing Conditions**

Housing Inspections	...	...	...	...	647
Slum Clearance	...	...	...	...	400
Re-Inspections	...	...	...	...	1,774
Dirty and Verminous Premises	...	...	...	...	83
Overcrowding and re-housing investigations	...	...	...	...	13
Living Vans	...	...	...	...	327
Common Lodging Houses	...	...	...	...	10
Inspections re nuisances (other than dwellings)	...	...	...	...	413
Interviews with owners, builders, etc.	...	...	...	...	1,493
Total					5,160

**Food Inspections**

Abattoir	...	...	...	...	772
Private Slaughterhouses	...	...	...	...	804
Markets	...	...	...	...	129
Registered Food Premises	...	...	...	...	182
Food Shops (General Dealers), etc.	...	...	...	...	526
Unsound Food	...	...	...	...	363
Restaurant Kitchens	...	...	...	...	69
Works Canteens	...	...	...	...	33
Snack Bars and Canteens	...	...	...	...	42
Bakehouses	...	...	...	...	140
Fish Friers	...	...	...	...	77
Ice Cream Manufacturers	...	...	...	...	64
Ice Cream Vendors	...	...	...	...	188
Dairies and Milk Shops	...	...	...	...	117
Licensed Premises	...	...	...	...	9
Samplings	...	...	...	...	195
Total					3,710

**Sundry Inspections**

Rat Infestation	...	...	...	...	916
Infectious Diseases and Contacts	...	...	...	...	96
Factories, Outworkers and Workshops	...	...	...	...	222
Pharmacy and Poisons Act	...	...	...	...	44
Stables and Piggeries	...	...	...	...	8
Offensive Trades	...	...	...	...	32
Smoke Abatement	...	...	...	...	272
Disinfections and Disinfestations	...	...	...	...	383
Pet Animals	...	...	...	...	10
Miscellaneous Inspections	...	...	...	...	298
Ineffective Visits	...	...	...	...	940
Total					3,221

**Total Inspections**

Housing Conditions ... ..	5,160
Food ... ..	3,710
Sundry ... ..	3,221
Total ...	<u>12,091</u>

**Nuisances and Complaints**

A reference to my figures over the past 10 years has shown a steady decline in the number of complaints reaching the Department from 1,010 in 1951 to the present figure of 510, and this is a reliable indication of the progressive improvement in environmental conditions which has taken place during that period.

Noteworthy amongst the complaints which have affected community groups rather than individuals are those arising from pigeons, oily gaseous smells periodically permeating into buildings in certain areas of the town, and the keeping of pigs on open land bordering on to a pleasant residential area. This latter fortunately turned out to be a temporary expedient because investigations revealed that there was insufficient evidence of statutory nuisance at the time, but the public sense of propriety was offended by the instinctive behaviour of the pigs.

The Public Health Act, 1961, most of which became operative in October, amended and supplemented the provisions of the Act of 1936, although several of its provisions were already incorporated in similar terms in the Darlington Corporation Acts.

Notable amongst the several welcome provisions with which this Department is concerned is the one which offers a more rapid procedure for dealing with defective premises. If the Council is satisfied that unreasonable delay would result by following the 1936 Act procedure, they may serve notice of their intention to remedy the defective state themselves on the expiration of a period of 7 days.

**§ 2. LIVING ACCOMMODATION**

<b>Repairs</b>	<b>Number of Houses</b>
<b>Informal Action</b>	
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts ... ..	118
(2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied ...	46
<b>Action under Statutory Powers</b>	
<b>(a) Proceedings under Section 9, Housing Act, 1957 :</b>	
(1) Number of dwelling houses in respect of which notices were served requiring repairs ... ..	16
(2) Number of dwelling houses rendered fit after service of formal notices :	
(a) By Owners ... ..	11
(b) By Local Authority in default of owners ...	—



(b) *Proceedings under the Public Health Acts :*

(1) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By Owners ... ..	39
(b) By Local Authority in default of owners ...	—
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices ... ..	31
(3) Total number of defects remedied as a result of informal and formal action ... ..	1,271

**Demolition and Closing Orders****Housing Act, 1957**

	Houses	Persons Displaced
(a) Houses closed in pursuance of an undertaking given by the owners under Section 16, and still in force ... ..	—	—
(b) Demolition or Closing Orders made under Sections 17(1) and 18(1) ... ..	19	59

**Clearance Areas**

During the year, official representations were made in respect of the following areas, and Compulsory Purchase Orders were submitted for confirmation by the Minister of Housing and Local Government.

Area	Number of Properties
Allan Street ... ..	7
Dodsworth Street ... ..	4
Grey Street ... ..	5
Fry Street ... ..	42
	—
	58
	—

The Minister confirmed Compulsory Purchase Orders made in respect of the following areas, in the case of King Street No. 2 and Albion Street with certain modifications:—

Area	Number of Properties
Albion Street ... ..	62
Commercial Street ... ..	57
King Street No. 1 ... ..	30
King Street No. 2 ... ..	14
Archer Street ... ..	76
Grey Street ... ..	5
Allan Street ... ..	7
Dodsworth Street ... ..	4
Cricket Field Row ... ..	19
	—
	274
	—

All houses included in Haughton Green and Brunswick Street Clearance Areas, with the exception of two, were demolished during the year, as well as 5 houses in the Albion Street Area.

The remainder of the houses in the Lucks Square Area, owned by the Corporation and for which a Certificate of Unfitness had been issued by the Medical Officer of Health, were demolished.

As residents of clearance areas are re-housed, the vacated houses are quickly locked and boarded up to make secure until their eventual demolition. Unfortunately, all empty houses nowadays appear to be easy prey for vandals who delight in breaking all glazing, stripping the houses of anything removable, committing nuisances, and finally leaving the areas in such an unsightly state that demolition becomes a matter of urgency. This state of affairs was conspicuous in the Brunswick Street and Lucks Square areas.

A detailed survey of property has been carried out in the proposed clearance areas of Russell Street and Freeman's Place. The clearance of these areas may usefully coincide with the commencement of the proposed ring road for which Ministerial approval was given during the year.

### RENT ACT, 1957

Although I have no means of assessing the total number of disrepair notices which tenants send to their landlords, I think the majority of tenants have either forgotten or lost faith in the provisions of this Act. It is a pity the procedure is so cumbersome because so much more could have been achieved had tenants been more insistent in exercising their rights.

Applications made under the Act during the year were as follows:—

(a) For Certificates of Disrepair	...	...	...	11
(b) Certificates refused or withdrawn	...	...	...	2
(c) Undertakings received	...	...	...	7
(d) Certificates issued	...	...	...	2

### Future Housing Policy

With the conclusion in sight of the principal programme of clearance areas, we are perhaps fortunate in Darlington in being able to direct some attention to the large areas of old and sub-standard property which must be regarded as potential future clearance areas. My schedules of "border-line" properties are regularly reviewed and periodically it becomes necessary to transfer blocks of property to the lists which require active consideration for clearance areas.

The only worthwhile salvage operation in these areas would be the complete upgrading by improvement and repair of whole blocks of property which would ensure a useful life for many years.

The slow progress of isolated improvements by a small minority of owner/occupiers cannot be co-ordinated into any such scheme, and I regret that it may be necessary to reject their applications for improvement grants in such doubtful areas.

Until local authorities are invested with wider powers, we must inevitably be faced with a continuing programme of slum clearance.

## Improvement Grants

A close liaison with the Borough Architect has continued in respect of all applications for discretionary grants, and this has ensured that houses when improved have also been repaired to a satisfactory standard.

Standard Grants are available for houses which do not necessarily reach up to the high standard required for discretionary grants, but nevertheless the houses must be fit for human habitation, as judged by the standard of fitness prescribed in the Housing Act, 1957, and likely to remain so for at least 15 years. This Department is usually required to give the necessary assurance.

Only a small proportion of the grants have been made in respect of rented premises, and therefore it is hoped that the provision in the new Housing Act, 1961 will encourage more landlords to take advantage of improvement grants. This provision now permits landlords to increase rents by an annual sum amounting to  $12\frac{1}{2}\%$  of their share of the cost of improvement instead of 8% as was formerly permitted.

## Caravan Sites

Five site licences were issued at the beginning of the year, each with a list of conditions requiring the provision of improved amenities. Three of these sites were for single caravans, and the other two were for 4 and 12 caravans respectively. There has been reluctance in every case in complying with the requirements on the grounds that the expenditure involved was not economical having regard to the size of the sites, and the site for 4 vans has closed down.

The proprietor of the site for 12 caravans has sought to claim exemption on the grounds that it is used only by members of the Showmen's Guild, and an extension of time was granted because of the immediate problem which would have been created had the permanent residents been evicted. Negotiations are still proceeding towards reaching a satisfactory conclusion.

The Council approved a recommendation that the site of a small clearance area be offered to the Showmen's Guild for winter quarters, and negotiations as to suitable terms were commenced.

Concrete bollards were erected at the approaches to two areas of vacant land, and this has proved successful in preventing unauthorised parking of caravans on those areas. The problem has occurred to a lesser degree on vacant land elsewhere, but has not been difficult to handle.

The Corporation owned site at Firth Moor is being gradually run down, but it may be a long while before final closure can be effected.

Approval was given for a supply of electricity to be laid on to the McMullen Road site, and for general site lighting by electricity. Subject to the satisfactory conclusion of negotiations for a wayleave agreement, approval was also given for the drainage to be connected to a sewer in order that the cesspool can be dispensed with. Both these items were recommended for inclusion in the estimates for 1962.



### Noise Abatement Act, 1960

Nuisance arising from noise or vibration became a statutory nuisance under the provisions of this Act, and accordingly the Council is authorised to serve Abatement Notices when they are satisfied as to the existence of such nuisances. This is without prejudice to the power of three or more individuals who are aggrieved by noise nuisance to complain directly to a justice of the peace.

The Act also prohibits the operation of loud speakers in streets during certain times, and this in effect permits ice cream vendors to sound their chimes, etc., between noon and 7 p.m. so long as they operate them so as not to give reasonable cause for annoyance to persons in the vicinity.

Ice cream vendors have been requested to co-operate and several warnings have been given. This aspect of noise control, however, is one which is generally regarded as coming within the orbit of the police. I have approached the Superintendent of Police on this matter, and he has promised his full co-operation.

### Insect Pests and Disinfestation

Improved standards of living as well as modern insecticides are responsible for the fact that bug infested houses are seldom encountered these days. However, amongst the few cases of bug infestation dealt with during the year was one of the worst in the memory of the present operative. During treatment, the bedding and walls literally became alive with insects. Needless to say, the standards of living, cleanliness and child care at this address were pitifully low, but are gradually being raised by the combined efforts of ourselves and the N.S.P.C.C.

Members of the public frequently call at the office with specimens of insects, fearful that they may be identified as bugs. The spider beetle (ptinus tectus) is commonly mistaken as a bug by the uninitiated.

A remarkable case of a dirty house which was investigated was the house of a kleptomaniac, whose hoard of all manner of articles collected over a period of many years had so reduced the living space that it was impossible to enter or move in any room without obstruction. No insect vermin was found although there was evidence of mouse infestation.

### § 3. FOOD HYGIENE

A further increase in the number of catering establishments took place during the year, and Darlington, which was already well provided for in this respect can now offer a range of restaurants, cafes and snack bars at which the daintiest or the heartiest appetites can be satisfied with foods to suit all tastes at prices to suit most pockets. The majority of the premises are well-equipped, and I am satisfied that the general standard of hygiene reaches a satisfactory level.

Spit-roasting of chickens has been introduced into several premises to meet an increasing demand for this commodity which is no longer regarded as a luxury. This is a processing of food which called for the registration of those premises which were not already registered under the provisions of Section 16, Food and Drugs Act, 1955.



Weekly observations are made in the open market of stalls on which food is exposed for sale, and verbal warnings against minor infringements are usually sufficient to achieve the desired result. I deplore the fact that some unwrapped sweets are displayed on open stalls, but this is an instance where persuasion has failed and I can do nothing other than require some measure of protection for the display.

Reports on the incidence of dysentery amongst a number of school children during the summer led to enquiries being made at their homes, and into common sources of food and milk. Dysentery investigations seldom yield any conclusive information, except, as in this case, to eliminate the school meals service and milk supply as possible common factors.

The following table indicates the number of inspections of the various types of food premises in the Borough, and I am happy to report that the improved staffing situation has made it possible to pay more attention to this sphere of activity:—

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	526	526
Markets ... ..	2	129
Catering Establishments ... ..	67	111
Works Canteens ... ..	29	33
Bakehouses ... ..	45	140
Fish Friers ... ..	48	77
Licensed Victuallers ... ..	62	9
Registered Food Premises ... ..	63	182
(for the manufacture of potted, pressed, pickled or preserved food)		
Ice Cream Manufacturers ... ..	8	64
Vendors of pre-packed Ice Cream ... ..	326	188
Vendors of unwrapped Ice Cream ... ..	41	
Dairies other than dairy farms ... ..	2	
Milk Distribution Premises (ready bottled milk) ... ..	170	117

#### § 4. PRODUCTION AND DISTRIBUTION OF MILK

The total number of persons/premises on the Register is as follows :—

<b>Dairies</b>	Other than Dairy Farms ... ..	2
<b>Distributors</b>	(a) Bottled milk only (as received) ... ..	170
	(b) Residing outside, but retailing inside the Borough ... ..	5

#### The Milk (Special Designation) Regulations, 1960

In pursuance of these Regulations, licences are in force authorising the use of Special Designations, as follows :—

	Grade of Milk		
	Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer ... ..	2	1	—
Dealer ... ..	70	59	127

The Darlington Co-operative Society Ltd. premises in Melland Street ceased to be a dairy for the processing and bottling of milk after fulfilling this useful function for many years, and have now become just another centre for the distribution of ready bottled milk. A dairy in Cockerton also ceased to bottle milk and became a distribution centre for ready bottled milk.

To offset this "loss", a dairyman from outside the Borough established himself in premises within the Borough, and commenced operations as a pasteuriser/bottler/retailer.

Only one other dairy remains, and this was equipped with new plant during the year. H.T.S.T. replaced the "Holder" process of pasteurisation and enabled the increased throughput to be dealt with speedily and efficiently.

It is an indication of the tremendous change in the dairying industry that within the past 15 years the number of bottling establishments including farms within the Borough has been reduced from 30 to 2.

### Clean Milk Bottle Campaign

When one sees the filthy condition of some milk bottles returned to dairies, it is not surprising that some fail to respond to the rigorous cleansing process, and that occasionally a dirty bottle escapes the vigilance of the operative. The national clean milk bottle campaign was inaugurated during the year in the hope that educational propaganda would go part of the way towards solving the problem. I am not sufficiently optimistic to think that this is the final solution.

### Bacteriological Examination of Milk

The following Table describes the various tests to which samples of milk were subjected :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue	58	6
	Phosphatase	58	3
T.T. Pasteurised	Methylene Blue	35	1
	Phosphatase	35	2
Tuberculin Tested	Methylene Blue	12	0
Sterilised	Turbidity	4	0
TOTAL		202	12

In connection with the unsatisfactory samples, investigations were made in all cases at the pasteurising plant and further samples taken.

A check was made on the bottle-washing plant in two of the dairies in the town. 24 samples were taken and only one was found to be unsatisfactory. Investigations were made and after cleaning offending jets which were found, further samples revealed great improvement.

### Biological Examination of Milk

A periodical check of milk supplies, particularly those which are not subjected to heat treatment, is made to ascertain their freedom from tubercle bacilli and brucella abortus. During the year the following samples were submitted to the Public Health Laboratory :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Tuberculin tested ... ..	Tubercle Bacilli Brucella Abortus	12 12	0 1
T.T. Pasteurised ... ..	Tubercle Bacilli Brucella Abortus	3 3	0 0
Pasteurised ... ..	Tubercle Bacilli Brucella Abortus	3 1	0 0
Total ... ..		34	1

In connection with the unsatisfactory sample, the Inspector for the area concerned was notified. Further samples taken were reported to be satisfactory.

### § 5. FOOD AND DRUGS ACTS, 1938 to 1955

87 samples of various foods and drugs were taken for chemical analysis. All the samples were reported to be satisfactory.

In addition to the above, whilst investigating suspected cases of food poisoning, samples of Battenburg Cake, Polony and Black Pudding were taken and submitted to the Bacteriologist. All the samples were reported to be satisfactory.

### Ice Cream—Production and Distribution

Registered premises or persons are as follows :—

Manufacturers (Hot mix) ... ..	6
Manufacturers (Cold mix) ... ..	2
Vendors (Pre-packed) ... ..	326
Vendors (unwrapped) ... ..	41

24 samples of ice cream were taken and submitted for bacteriological examination, 10 were reported to be unsatisfactory.

In October, at the request of the Health Committee, I prepared a special report on the method and frequency of sampling, and the general procedure for dealing with unsatisfactory samples. In this, I pointed out that the methylene blue test is considered not to be sufficiently precise to be made a statutory test, but nevertheless is a valuable means for the routine grading of ice cream which is useful to indicate where further investigation is called for.

It would be wrong to infer from the unsatisfactory results that the public health has necessarily been endangered, and certainly an investigation of the manufacturers' premises would provide insufficient evidence to support any recommendations that any one of them should be removed from the register.

The new type of soft ice cream began to make its impression on the market as a result of the operation by a new firm of several modern and expensively equipped mobile sales units. This new trend is being watched with great interest, not only by your Public Health Inspectors, but by the established local manufacturers.

## § 6. INSPECTION OF MEAT AND OTHER FOODS

The following Table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals and ante-mortem examination whenever practicable.

### Slaughtering Totals 1961

	Cattle	Calves	Sheep	Pigs	Total
Abattoir ... ..	10,817	1,858	36,874	14,765	64,314
Private Slaughterhouses ...	2,642	42	8,165	4,287	15,136
TOTAL ...	13,459	1,900	45,039	19,052	79,450

### Carcases and Offal inspected and condemned in whole or in part.

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ... ..	10,391	3,068	1,900	45,039	19,052	—
Number inspected ... ..	10,391	3,068	1,900	45,039	19,052	—
<b>All diseases except Tuberculosis and Cysticerci.</b>						
Whole carcases condemned ...	27	75	18	143	146	—
Carcases of which some part or organ was condemned ...	584	505	41	636	1,177	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci ... ..	5.88	18.90	3.10	1.73	6.94	—
<b>Tuberculosis only.</b>						
Whole carcases condemned ...	—	3	—	1	—	—
Carcases of which some part or organ was condemned ...	95	33	6	—	66	—
Percentage of the number inspected affected with Tuberculosis ... ..	0.91	1.17	0.31	—	0.35	—
<b>Cysticercosis.</b>						
Carcases of which some part or organ was condemned ...	13	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—



### **Slaughterhouses Act, 1958**

The programme of improvements to the public abattoir got well under way during the year, but owing to the scheme for extensions to lairage being more ambitious than envisaged a year previously, and the fact that extensions to the office block would take place concurrently with the lairage scheme, it was realised that all the work could not be completed before 1st January, 1962, which was the appointed day on which all the regulations would come into operation.

Accordingly, application was made to advance the appointed day to 1st July, 1962, and this was accepted by the Minister.

### **Condemned Meat and Other Food**

Carcases and portions thereof, and organs having a total weight of 46 tons 10 cwt. 3 stons 3 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 6 tons 14 cwt. 4 stons 8 lbs. were also found to be unfit for human consumption.

### **Disposal of Condemned Food**

Condemned meat and offal from the abattoir is collected by a processor specialising in the manufacture of technical oils and fats. The meat is transported in special vehicles equipped with lockable containers to receive the carcasses, and as an additional precaution the latter are slashed and stained green.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the abattoir for collection as above, except in the case of the largest private slaughterhouses where a direct collection is made by the processor.

All other condemned food is surrendered at the Health Department where an employee opens out the larger tins and sorts out such food as is salvageable. This is placed in bins provided by a firm specialising in the processing for animal food of such waste material, and the bins are collected and replaced twice weekly.

Unsalvageable foods are still disposed of as before, that is, by controlled tipping.

### **Swine Fever**

Fortunately, this disease was far less prevalent than in 1960, but at least one outbreak was traced to producer's premises as a result of one of your meat inspectors promptly reporting his opinion of suspicious symptoms following a post-mortem examination.

### **Experimental Work**

Last year, I reported on the commencement of a research programme by the bacteriologist of the Public Health Laboratory Service in which the meat inspectors had volunteered to collect weekly a considerable number of specimens from the abattoir and butchers' shops.

The bacteriological studies were successful in demonstrating the presence of *Salmonella Heidelberg* in some of the specimens at the time of a small human outbreak attributed to similar organisms. Although it was impossible to trace the precise vehicle of infection in the latter outbreak, it was thought probable to be due to pork or pork products. In previous research, the animal infection which was demonstrated was thought to be due to infected imported animal feeding stuff.

The research programme which is still continuing with our assistance is now so organised as to make possible the identification of a positive specimen with a particular batch of pigs which in turn could be traced back to the producer.

### § 7. OFFENSIVE TRADES

The number of offensive trades on the Register is as follows :—

- 2 Tripe Boiling.
- 2 Fat Refining.
- 1 Gut Scraping.
- 2 Rag and Bone Dealing.

All these trades have been carried on in a satisfactory manner, and no serious nuisance has been caused.

### § 8. RODENT CONTROL

One full-time operative is employed to deal with the day-to-day business of extermination of rats and mice, but whenever the need arises, the disinfectors are at hand to give assistance.

Sewer treatments are carried out twice yearly, and on these occasions an additional four men are made available by the Works Department.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings.

## Sewer Maintenance Treatment

Two Sewer maintenance treatments have been carried out, the first during the period 24th April to 20th May, 1961, and the second from 18th September to 7th October, 1961.

	1st	2nd
Total number of manholes in foul and connected systems ... ..	1,869	1,869
Manholes baited ... ..	314	219
Manholes showing pre-bait take ... ..	96	91
Manholes showing complete pre-bait take (one or both days) ... ..	—	—
Schemes of baiting used ... ..	1st, 3rd, 6th, 10th	1st, 4th 8th, 14th
Manholes test-baited ... ..	37	177
General :		
Premises dealt with ... ..		426
Visits made ... ..		738
Bodies seen—rats ... ..		1,529
—mice ... ..		425
Estimated number of rats killed (assessed Ministry of Food formula) ...		4,240
Estimated number of mice killed (assessed 1/5th oz. per mouse) . ... ..		1,000

## § 9. FACTORIES ACTS, 1937 to 1959

### Part 1 of the Act

11. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	32	51	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority ... ..	302	193	8	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	22	18	—	—
TOTAL ...	356	262	8	—

## 2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	1	1	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	9	6	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL ...	10	7	—	3	—

## Part VIII of the Act

## Outwork

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	3	—	—	—	—	—
TOTAL ...	3	—	—	—	—	—



## MI LLENEOUS PROVISIONS

### **Slaughter of Animals Act, 1958**

46 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses. The slaughtermen referred to have carried out their duties satisfactorily during the year.

### **Pharmacy and Poisons Act, 1933**

There are 45 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

44 visits were made and advice given relative to storage, labelling and sale of the various poisons.

### **Common Lodging House**

There is one Common Lodging House on the register with accommodation for 98 lodgers.

This lodging house has been well-maintained throughout the year.

### **Shops Act, 1950**

The Public Health Inspectors are responsible for the enforcement of Section 38 which relates to ventilation and temperature of shops, and to sanitary conveniences.

An amicable liaison exists between this Department and that of the Shops Act Inspector whereby the latter notifies me of any apparent contraventions of the section which come to his notice during the course of his inspections.

### **Pet Animals Act, 1961**

During the year, licences were issued in respect of 1 shop and 4 market stalls.

10 inspections were made to ensure that the conditions attached to the licences were being observed.

### **Merchandise Marks Acts**

These Acts are intended for the protection of home-produced goods rather than as a public health measure. Insofar as foodstuffs are concerned, the positive differentiation between imported and home produce presents the most frequent difficulty in administration. Advice on correct marking is given during routine visits to foodshops.

### **Rag Flock Act, 1961**

There are no premises in the County Borough required to be registered under the provisions of this Act.





County Borough of Darlington

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# ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1961

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ANNUAL REPORT, 1961

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School Clinic,  
Feethams,  
Darlington.

*To the Chairman and Members  
of the Education Committee.*

Ladies and Gentlemen,

I have pleasure in submitting herewith the Annual Report of the School Health Service for 1961.

You will be delighted to see that out of 3,291 children examined by routine inspection in the schools, only 8 or 0.2% were considered to be in an unsatisfactory state of health. This is a splendid verdict on the recognisedly good physical health of the maturing generation of school children.

A number of individual defects of teeth, eyes, nose and throat and otherwise were of course brought to light and appropriate advice given. Except in respect of dental defect, wherever possible the family practitioner is contacted before any recommendation is made for treatment and it is our constant aim in the School Health Department to foster and improve good relations both with general practitioners and with the hospital service.

At the present time more than in the past, a good many people are inevitably concerned with the health of the child. First of these are of course the parents and we cannot ignore the very crucial part played by teachers in this respect. The School Health Service has too its own part to play, established by long usage and by the continuing need even after the inauguration of the National Health Service. This is not to say that the School Health Service ought not to develop new techniques to meet the very different situation of today as compared with the early years of the century when it came into existence, but the general practitioner can no longer regard himself as in a sense monopolising the children where health advice is to be given. Over this, as in so many other matters, it is necessary to play as a team.

An apparently small matter to which I should like to refer is the establishment of a branch Minor Ailment Clinic at Alderman Leach School. This new departure foreshadows much wider development on similar lines when the approved clinic premises at Springfield and Skerne Park are built and brought into use. When the so much needed municipal offices have been built, or at least that part of them to house the Health and School Health Departments, you will possess a central clinic at least in satisfactory surroundings, but with the geographical extension of the town and the building of new schools in outer suburbs, the need for decentralisation will increase as the years go on. Another great advantage of the new clinics will be the closer integration of Maternal and Child Welfare with School Health Services, to the benefit, we may be sure, of all concerned.



In expressing my thanks on your behalf and my own to all members of your Staff, I should like particularly to thank the Deputy Principal School Medical Officer, Dr. W. Mary Markham, who, apart from this introductory letter, has compiled the report and upon whom has devolved most of the administrative and a good deal of the executive work of the School Health Department. She would not, however, have been able to carry this out without the equal zeal and devotion of the rest of the Staff professional and clerical

I have the honour to remain,

Ladies and Gentleman,

Your obedient Servant,

JOSEPH V. WALKER.

## MEMBERS OF THE EDUCATION COMMITTEE

The Mayor (Coun. R. H. Loraine, J.P.)

Coun. J. W. Stokoe (Chairman).

Coun. A. Brown (Vice-Chairman till May, 1961)

Ald. N. R. Barker (Vice-Chairman from May, 1961)

Ald. H. P. Bell, M.B.E., J.P.

Ald. A. J. Best, O.B.E., J.P.

Ald. F. Thompson.

Coun. The Rev. M. A. Beaton.

Coun. H. Hannah.

Coun. J. W. Skinner.

Coun. T. Donnelly, J.P.

Coun. J. J. Dauber.

Coun. G. W. Welford, J.P.

Coun. Mrs. M. Wilkinson.

Coun. Mrs. M. Lyonette, J.P. (till September, 1961).

Coun. O. O'Brien (till May, 1961).

Coun. P. G. Laughton (till May, 1961).

Coun. C. Spence (from May, 1961).

Coun. G. L. Bowen (from May, 1961).

Coun. Mrs. G. W. Raine (from September, 1961).

Miss O. M. Stanton, M.A.

## SCHOOL MEDICAL AND DENTAL SERVICE STAFF

### Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

### Deputy Principal School Medical Officer

W. Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

### School Medical Officer

John F. Bishop, M.B., Ch.B., C.P.H.

### Principal School Dental Officer

J. McAra, L.D.S., R.C.S.

### School Dental Officer

P. Waterfall, L.D.S., R.C.S.

### Consultant Anaesthetist

A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time).

### Consultant Ophthalmologists

J. L. Wilkie, M.B., Ch.B., F.R.C.S.Ed. (part-time).

J. McClement, M.B., Ch.B., D.O.M.S. (part-time).

### Educational Psychologist

L. F. Mills, B.Sc., B.Ed., Ph.D.

### Consultant Psychiatrist

L. W. Robinson, M.B., Ch.B., D.P.M. (part-time).

### Social Worker

Mrs. C. M. Ruddock (part-time).

### Teacher of the Deaf

Miss T. Sproates.

### Physiotherapist

Mrs. D. E. Parkin (part-time).

### Superintendent School Health Visitor

Miss E. Winch, 1a, 2, 3, 4.

### School Health Visitors

Mrs. E. Allan, 1a, 2, 3.	Mrs. C. H. Ellis, 1a, 2, 3.
Miss D. Smith, 1a, 2, 3.	Miss D. S. Owen, 1a, 2 (part 1), 3 (from 29.5.61).
Mrs. D. Barry, 1a, 1c, 2, 3.	Miss M. Mossman, 1a, 2 (part 1), 3 (from 14.6.61).
Miss E. Jackson, 1a, 2, 3.	
Miss M. D. Baldwin, 1a, 2 (part 1), 3.	

### School Nurse

Miss D. M. Goodinson, 1a, 2.

### Assistant School Health Visitor

Mrs. B. Pinkney (resigned 30.6.61).

### Clerks

Miss A. C. Smith (Senior Clerk).	Miss M. Stobart.
Mrs. P. Prest.	Miss M. Allen.
Miss M. Langhorne.	

1. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

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## GENERAL INFORMATION

### School Population

Nursery Schools and Classes	...	...	365
Primary	...	...	7,355
Secondary	...	...	5,707
Special	...	...	144
Total			13,571

## SCHOOL CLINIC

### The Minor Ailments Clinic

The Minor Ailments Clinic has been held every morning from 9—10 a.m., at the school health department, Feethams and this arrangement continues. In addition, in December, a subsidiary Clinic began at the Alderman Leach School. Here a Health Visitor attends on Tuesday and Thursday from 1.30—2 p.m. to deal with minor disorders in children attending schools or living in the Cockerton area. It is not yet possible to say how successful this arrangement will be but it should not only prevent many children travelling into the town but also provide treatment for many children too young to undertake the journey who have hitherto had no attention. The time lost from school is also considerably reduced.

The total number of attendances was 3,049.

*Attendances during the past five years*

1961	—	3,049
1960	—	3,261
1959	—	2,055
1958	—	4,235
1957	—	4,316

**Defects Treated during the past five years**

		<i>Skin conditions</i>	<i>Eye conditions</i>	<i>Ear, Nose and Throat conditions</i>	<i>Miscellaneous conditions</i>
1961	...	195	12	32	360
1960	...	209	18	58	287
1959	...	42	25	55	439
1958	...	74	40	58	645
1957	...	70	36	64	628

**Special Examinations**

The pattern of disorders for which children are referred to see the Medical Officer by parents, school teachers and health visitors remains unchanged. Physical disorders are rarely found for the first time at such examinations but those which are usually psychogenic in nature, and behaviour disorders, particularly those of adjustment to home or school, are the most common problems.

Examination of school children wishing to take up part-time employment continued and 374 attended. This is an increase of 57 on the previous year.

**Medical Examinations of College Entrants, Teachers and other Employees of the Education Department**

160 individuals were examined.

**SPECIAL SCHOOLS****Salters Lane Open Air School**

At the end of the year, 85 children were attending. Of these 51 were classed as delicate, 32 as physically handicapped, one partially sighted and one partially deaf.

There has been no change in the type of children requiring admission to this school and the numbers of the various categories remain much the same. Young children who are both physically and mentally retarded are still a problem and are not yet fully catered for.

With the opening of the new craft rooms facilities for older boys and girls have improved tremendously. For spastics and others similarly handicapped, not only is their training in the use of their limbs increased but their mental outlook improves as they find themselves able to achieve skills hitherto barred to them. The result is a general development of their confidence and ability.



The Physiotherapist continues to attend for two sessions weekly and the trained Nurse each morning. A Nursing Assistant is present all day to help with toilet and other such personal difficulties.

### **Barnard School for Educationally Subnormal Pupils**

At the end of the year, 61 children were in attendance. During the year, there were 19 new admissions and 4 left on attaining 16 years of age. In addition there was one re-admission of a boy who had temporarily left the town, 3 were ascertained as being unsuitable for education at school, one boy was transferred to a Secondary Modern School, one was allowed to leave at 15½ years of age and 2 left the town.

The main problem at this school is its small size. There is unfortunately always a small waiting list of children who have been ascertained as educationally sub-normal and there are other children in the schools who would benefit from special education but whose ascertainment is postponed indefinitely as there is no likelihood of them being admitted at a suitable age.

### **Handicapped Children attending Schools outside the County Borough**

Blind and Partially Sighted—5 are in Residential Special Schools.

Deaf and Partially Deaf—5 are in Residential Special Schools and 4 travel daily to Middlesbrough School for the Deaf.

Delicate—2 are in Residential Special Schools.

Physically Handicapped—3 are in Residential Special Schools.

Educationally Sub-Normal—8 are in Residential Special Schools.

Maladjusted—5 are in Residential Homes.

Epileptic—1 is in a Residential Special School.

### **Handicapped Children in Normal Schools**

Many children suffering from chronic disabilities are able to attend normal schools. These include 10 epileptics and 38 with other physical disorders.

### **Home Tuition**

During the year, 12 have had home tuition for varying periods of time. Their disabilities included physical handicaps, emotional disturbance, educational sub-normality and some with multiple defects.

This is an extremely valuable service and is much appreciated by both parents and children. Not only is the sick child's education continued but boredom is avoided and the child's interest provides an outlook on life which encourages recovery.

## **ILLNESS AMONGST SCHOOL CHILDREN**

### **Infectious Diseases Amongst School Children**

	<i>Cases</i>
Scarlet Fever ... ..	7
Whooping Cough ... ..	12
Measles ... ..	695
Dysentery ... ..	9
Infective Hepatitis ... ..	30
Food Poisoning ... ..	7

## Children Admitted to Hospital

As in previous years an analysis of school children admitted to hospital is submitted :—

### Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids ... ..	144
Otitis Media ... ..	3
Treatment of other conditions ... ..	47

### Diseases of the Eye

Operative correction of squint ... ..	13
Other conditions, including injuries ... ..	7

### Acute Surgery

Appendicitis ... ..	48
Osteomyelitis ... ..	1
Other acute conditions ... ..	1

### Non-Acute Surgery

Orthopaedic procedures ... ..	18
Hernia repairs ... ..	3
Dental operations ... ..	2
Circumcision ... ..	8
Other conditions ... ..	28

### Various Medical Conditions

Rheumatic Fever ... ..	1
Cerebral Tumour ... ..	2
Other conditions ... ..	56

### Specific Infectious Diseases

Measles ... ..	1
Chickenpox ... ..	1
Dysentery ... ..	1
Infective Hepatitis ... ..	1
Meningitis ... ..	2
Pneumonia ... ..	5

### Accidents

Burns and Scalds ... ..	5
Fractures and Dislocations ... ..	13
Foreign Bodies ... ..	3
Other Injuries ... ..	63

<b>Skin Conditions</b> ... ..	17
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### The following Deaths occurred amongst School Children

Spina Bifida ... ..	1
Tumour of Cerebellum ... ..	1
Tetanus—unknown origin ... ..	1
Broncho-Pneumonia ... ..	1
Congenital Stenosis of the Aqueduct of Sylvius ... ..	1
Accident ... ..	1
Influenza ... ..	1

## IMMUNISATION

During the year, 95 children completed a full course of immunisation against diphtheria and 328 were given re-inforcing injections. Immunisation should be completed before the child attends school and in every case this is offered. Many attend the Child Health Clinics during the few weeks preceding the fifth birthday.

B.C.G. vaccination continued along the same lines as in previous years. The number of positive reactors to the tuberculin test is still high but is a little lower than in previous years. The present figure is 25.4% which is nearly 10% above the majority of similar towns. The acceptance rate is quite high.

Vaccination against poliomyelitis continued to be available for most of the year but during the summer when fourth injections for school children were advised by the Ministry of Health, none could be carried out. This was due partly to lack of clerical staff in the Health Department and partly due to a shortage of vaccine which was nation wide at the appropriate time. Children should be vaccinated in their first year of life but a relatively small number of parents desire this and the overall percentage for school children is correspondingly low.

## SCHOOL MEALS SERVICE

Of the 1,178,647 meals taken by school children, 86,574 were provided free. The average number distributed per day was 5,983.

2,223,494 bottles of milk were supplied.

### Specimen Menu

<b>Monday</b>	Fried Bacon, Tomatoes, Pease Pudding, Potatoes. Appie Pie and Custard.
<b>Tuesday</b>	Roast Beef and Yorkshire Pudding, Potatoes, Turnip and Gravy. Jam Roll and White Sauce.
<b>Wednesday</b>	Steak and Kidney Pie, Carrots, Potatoes, Gravy. Fruit Jelly and Blancmange.
<b>Thursday</b>	Lamb Chops, Peas, Roast Potatoes, Mint Sauce. Orange Sponge and Custard.
<b>Friday</b>	Braised Steak and Dumplings, Cabbage. Milk Pudding and Rose Hip Sauce.

## DENTAL REPORT

The Prinicipal School Dental Officer, Mr. J. McAra, has reported as follows :—

The routine work of the Clinic has proceeded on normal lines during the year. Once again I am compelled to draw attention to the rise in the incidence of dental disease, especially found in the lower age groups, the cause of this of course simply being due to the amount of highly flavoured sweets, etc., consumed at all times of the day, especially the favourite type of lollypop.

The number of children attending for treatment and the total attendances for treatment have again shown a further slight increase this year. Cause for satisfaction, however, is given by the increasing number attending regularly for inspection and treatment.

I am indebted to Mr. Waterfall, Dr. Wright, Miss Langhorne and Miss Allen for their loyal co-operation.

## OPHTHALMIC CLINIC

Alternate weekly sessions continued to be conducted by Mr. Wilkie and Mr. McClemont. In their reports for the year, both these Consultants stress the importance of the correction of squint at an early age. They do not advise routine examination of the normal pre-school infant but would like to see children in which there is a family history of squint or amblyopia as well as those in which the defect has been noticed. It is advisable for such children to be kept under observation from about one year of age in order that by the time they attain school age the correction will be such that they are able to benefit fully from their educational opportunities.

## CHILD GUIDANCE

The Educational Psychologist, Dr. L. F. Mills, reports as follows:—

### 1. Establishment and Present Staff

*Consultant Psychiatrist* : Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

*Educational Psychologist* : Dr. L. F. Mills, B.Sc., B.Ed., Ph.D.

*Psychiatric Social Worker* : Mrs. C. M. Ruddock, A.M.I.A.

*Secretary* : Mrs. R. A. Gent.

The only staff change during the year was the arrival on 23.1.61 of Mrs. R. A. Gent to take the place of our previous shorthand-typist who, following her marriage, went to live in Stockton.

Mrs. C. M. Ruddock continued to work half-time.

With effect from 1st April, Dr. Robinson gave an additional regular Saturday morning psychiatric session which proved to be most successful, especially with boys and girls of the secondary age-group.

### 2. New Cases referred in 1961

TABLE I

Year Ending	New cases opened		
	Boys	Girls	Total
31.12.61 ... ..	101	61	162
31.12.60 ... ..	98	56	154

The number of Darlington cases referred to the Clinic during the year shows an increase and is in fact the highest total yet recorded.



## 3. Case Work

TABLE II

Year Ending	Number of interviews	
	with children	with parents
31.12.61 ... ..	1059	899
31.12.60 ... ..	846	752

## Waiting List Situation

TABLE III

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Totals
31.12.61	10	15	12	37
31.12.60	14	14	8	36

An increase in the rate of referrals to the Clinic towards the end of the year is now an accepted phenomenon and this year was no exception. The resulting waiting list at the end of December was, however, neither of serious proportions nor larger than that which occurred at the end of the previous year.

It is hoped that it will be reduced early in 1962.

## 4. Sources of Referral during 1961 compared with 1960

TABLE IV

	1960	1961
Chief Education Officer ... ..	11	22
School Medical Officer ... ..	69	56
Mental Welfare Officer ... ..	—	1
Headteachers ... ..	36	34
Speech Therapist ... ..	—	—
Teacher of the Deaf ... ..	1	3
Children's Officer's Department ... ..	—	3
Parents ... ..	24	23
Family Doctor ... ..	8	9
Youth Employment Officer ... ..	—	2
Residential Children's Home ... ..	1	—
Consultant Physician ... ..	1	1
Consultant Psychiatrist ... ..	—	2
Juvenile Bench ... ..	2	2
Probation Officer ... ..	—	1
Co-ordinating Committee ... ..	1	2
Clergy ... ..	—	1
	154	162

Although the main sources remain without significant change, it is clear that as the time goes on, a widening range of persons is approaching the Child Guidance Clinic for assistance.

## 5. Causes of Referral

The six headings under which the referrals in 1961 are grouped are those suggested in the "Report of the Committee on Maladjusted Children" (S.O. 1955). A few words of explanation of the headings are given below.

### (i) Nervous Disorders

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness, and who dread going to school.

### (ii) Habit Disorders

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

### (iii) Behaviour Disorders

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves, but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

### (iv) Organic Disorders

Whereas the disorders described above are expressions or symptoms of psychological disturbance, in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal cord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are generally already under medical surveillance.

### (v) Psychotic Behaviour

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things, and are thus often remote, solitary, incontinent, sleepless, unoccupied, and ineducable. Fortunately, few children fall into this category.

**(vi) Educational Difficulties**

This category is comprised almost entirely of the cases referred because of poor educational progress and where the cause appears to be low intelligence, and where the educational retardation is sufficient to require a decision to be made with regard to special educational treatment.

**Causes of Referral in 1961****TABLE V**

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational (vi)	Totals
Boys ...	19	11	36	1	—	34	101
Girls ...	14	3	16	1	1	26	61
Totals	33	14	52	2	1	60	162

Most of the 60 children (58 in 1960) in the educational category were referred for advice regarding their response to the type of education they were receiving. Twelve of them were recommended for transfer from the ordinary school to Barnard Special School, one to a residential special school and five already at Barnard School were considered to be incapable of being educated at school. Three girls and two boys attained school leaving age at Barnard School and a special assessment was made in these cases for the School Medical Officer, the Youth Employment Officer and the Health Service to assist in selecting the appropriate employment and making the arrangements for aftercare where necessary. Following assessment at the Clinic, an experiment was tried in transferring two boys from Barnard Special School to Central Boys' Secondary School. This proved to be most successful in the case of one boy but the other, after one term, had to be readmitted to Barnard School.

In the other categories, comparing the numbers with previous years, it appears that those referred as being "nervous" increased by one-third and those falling into the "habit" category showed a corresponding decrease.

**6. Action taken on 1961 Referrals**

The action taken is quite simply categorised under two headings as follows :—

**(i) Advice**

This is generally a report of assessment to the Chief Education Officer, the School Medical Officer, the head teacher, parent or other person seeking information, together with a recommendation as to a course of action considered desirable.

**(ii) Treatment**

This category concerns the children who need psychiatric treatment though a few children who attend regularly for remedial coaching in reading by the psychologist are included under this heading. Psychiatric treatment is entirely the province of the psychiatrist who interviews, at regular intervals, all children requiring such treatment. As maladjustment in its various forms almost always concerns the child/parent relationship, the success of the treatment very largely depends on the co-operation and understanding of the parent, and usually, while the child is with the psychiatrist, the social worker, under the psychiatrist's direction, is at work with the parent. The social worker's interviews with parents are normally carried out in the Clinic, but where difficulties are encountered, both the social worker and the educational psychologist carry out home visits.

**TABLE VI**

(Of the 162 cases opened in 1961, the following action was taken).

	Closed in 1961	Continued to 1962	Totals
Advice ... ..	69	6	75
Treatment ... ..	27	60	87
Totals ... ..	96	66	162

Treatment at the Child Guidance Clinic normally means regular attendance over a period rarely less than 12 months. It is to be expected, therefore, that a high proportion of the 1961 referrals requiring treatment should continue into 1962. Cases requiring advice on the other hand need only two or three visits to the Clinic.

From about 1958 it has been noted that there has been a slight but steady increase in the proportion of the total annual referrals to the Clinic which require treatment. This year it was 53% (49% in 1960).

**7. The Treatment Situation**

Experience over the years has shown that the success of psychiatric treatment with children depends very largely on the amount of co-operation and understanding the parents are capable of giving, once the treatment has commenced. In a proportion of the cases, for a variety of reasons, the parents concerned seem unable to provide the kind of support that is needed, and one is forced reluctantly to discontinue treatment as progress is not being made. One of the commonest causes of such closure for example is repeated failure to keep appointments. The number of these cases which have to be closed without the treatment producing a satisfactory result varies from year to year. This year it was 12% (17% 1960).



**TABLE VII**

	Cases Closed in 1961		Continuing to 1962	Total
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	31	11	20	62
Opened in 1961 ...	27	13	60	100
Totals ...	58	24*	80	162

\* 20 Non-co-operation of parents ; 1 residential children's home ; 2 left district ; 1 admitted to approved school.

### 8. Summary of case position at the end of 1961

All of these are treatment cases with the exception of one or two referred for advice right at the end of the year.

**TABLE VIII**

	'56	'57	'58	'59	'60	'61	Total
Cases opened in the years shown which were still open on 31.12.61 ...	1	2	8	7	20	66	104

### 9. Work done in the Schools

The Educational Psychologist exercises something of a dual function, partly as a member of the psychiatric team working in the Clinic, and partly as educational adviser working in the schools, his time normally being divided more or less equally between the two. The visits to schools are to check on the progress and behaviour in schools of numerous children attending the Clinic, to assess intellectual and educational levels of various children at the request of head teachers, to give talks to parent-teacher associations, and to attend functions connected with individual schools.

During the year full psychological and educational assessments were made on school premises and detailed reports provided for head teachers in the case of 89 pupils.

### 10. Conferences

The Seventeenth Child Guidance Inter-Clinic Conference held in London on 14th and 15th April was attended by Dr. Mills.

Dr. Robinson attended the Study Weekend of the Child Psychiatry Section of the R.M.P.A. at Liverpool in July, and the annual conference of the Northern Group of Child Guidance Clinics in September.

## 11. Conclusion

Once again, the Staff of the Child Guidance Clinic wishes to acknowledge the kindness and support of all who have had contact with the Clinic during 1961. In particular, thanks are due to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff, Head Teachers, and the various organisations, both statutory and voluntary, caring for children in Darlington, who, by their co-operation, have contributed much to the completion of a successful year's work.

### DEAF CHILDREN

Miss T. Sproates, Teacher of the Deaf, reports as follows :—

There has been no testing in schools this year which accounts for the reduction in the total number of children tested compared with previous years. Children suspected of partial deafness were referred by the Deputy Principal School Medical Officer, the Superintendent Health Visitor, Headteachers and Parents.

Total number of children tested—56.

Total number of children who received instruction in speech-improvement and/or lipreading—20.

During the course of the year two children were transferred to Schools for the Deaf. One to Middlesbrough School for the Deaf, one to Boston Spa Residential School.

### Children suspected of Educational Subnormality

Total number of children tested—17.

Number found to have a degree of deafness likely to cause difficulty in educational progress—2.

Parents of these children sometimes fail to understand the necessity for having their child's hearing tested and do not keep their appointments. Help given by the Attendance Officers in these cases is greatly appreciated.

### Children with Speech Defects

Number of cases interviewed—74.

Number who required special treatment—39.

Where necessary parents of the other 35 were given advice on how to deal with minor defects themselves.

### Children with Hearing and Speech Defects attending Special Schools

Salters Lane Open Air School and Barnard School are visited on alternate Thursday afternoons to give treatment to children with hearing and speech defects.

Number of children who received treatment:—

<i>Salters Lane</i>			<i>Barnard School</i>		
Hearing defects	...	5	Hearing defects	...	2
Speech defects	...	3	Speech defects	...	6

## PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows :—

### General

Considerable progress has been made in physical education during the past year. While the normal cycle of work has been maintained in schools, there has been evidence of improvement in many spheres. Significant of the broader outlook now prevalent is the acceptance of the subject as an important feature in a balanced, complete and effective education. The provision of additional equipment, fuller facilities, and more suitably qualified teachers has had a marked effect.

### Staffing

We have been most fortunate to be able to recruit the services of several specialist men teachers for the secondary schools. The position in secondary girls' schools is still most acute, however. Much of the work in the girls' schools is covered by semi-specialists and, as standards rise, it becomes increasingly necessary to recruit more of the former.

### Swimming

All Primary and Secondary Schools continue to participate in swimming instruction. An average of 3,000 children attend each week, half of whom are transported by arrangement with the Transport Committee. Swimming galas were held by the Secondary Schools. Most satisfactory results are being achieved, and there is no doubt that there is a tremendous interest in swimming.

There is however a strong case for the extension of swimming facilities, by the construction of small swimming pools in the outlying areas of the town, which would cater for several schools in each district.

### Playing Fields

The extension of facilities continues. The Longfield Road Stadium was brought into operation during the summer months, when 13 athletic meetings were held. In September the Stadium was allocated to the Central Secondary School as playing fields, and the Albert Road Boys' School took over sole control of the Salters Lane Playing Field. The proposed future development of the Stadium will undoubtedly play an important part in the recreational programmes of schools, youth and adult organisations.

Schools continue to offer a wide range of activities to cater for the diverse interests and capabilities of the pupils, and many held successful "Sports Days".

### Outdoor Activities

The interest in camping and other outdoor pursuits continues and has been augmented by the entry of the Secondary Girls' Schools to the Duke of Edinburgh's Award Scheme. Several schools were introduced to canoeing on the River Tees, and 50 boys and girls attained their Bronze Award in Canoeing. The incentive of the Award Scheme has opened up new avenues to many youngsters who might otherwise have never experienced the joys of the open air life.

**Courses and Lectures**

The Committee continues to support financially teachers' courses of various kinds. Undoubtedly great benefit is derived as a direct result. Several local courses were held including Cricket, Football, National Dancing and Canoe Building.

**Conclusion**

It has been a successful year generally, and satisfying results are being achieved. Standards continue to improve, but much has still to be done.



## APPENDIX TABLES

## PART I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Periodic Medical Inspections.

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	141	141	100.	—	—
1956	336	336	100.	—	—
1955	592	590	99.7	2	0.3
1954	68	68	100.	—	—
1953	30	30	100.	—	—
1952	35	34	97.1	1	2.9
1951	234	232	99.1	2	0.9
1950	548	547	99.8	1	0.2
1949	230	230	100.	—	—
1948	21	20	95.2	1	4.8
1947	12	11	91.7	1	8.3
1946 and earlier	1,052	1,052	100.	—	—
Total	3,299	3,291	99.8	8	0.2

TABLE B. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	—	4	4
1956	2	19	21
1955	1	41	42
1954	1	7	7
1953	—	6	6
1952	—	6	6
1951	8	14	22
1950	28	35	62
1949	24	19	41
1948	2	12	13
1947	—	8	8
1946 and earlier	82	35	111
Total	148	206	343

**TABLE C. Other Inspections.**

Special Inspections	...	...	...	...	...	973
Re-Inspections	...	...	...	...	...	45
Total						1,018

**TABLE D. Infestation with Vermin.**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons...	37,743
(b) Total number of individual pupils found to be infested	562
(c) Number of individual pupils in respect of whom cleansing notices were issued Section 54(2), Education Act, 1944 ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued Section 54 (3), Education Act, 1944) ...	—

**PART II. Defects found by Medical Inspection during the Year.****TABLE A. Periodic Inspections.**

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			ENTRANTS (3)	LEAVERS (4)	OTHERS (5)	TOTAL (6)
4	Skin	T	5	2	15	22
		O	2	—	—	2
5	Eyes— <i>a</i> Vision	T	3	81	64	148
		O	1	6	7	14
	<i>b</i> Squint	T	17	1	9	27
		O	—	—	1	1
	<i>c</i> Other	T	3	2	6	11
		O	—	—	—	—
6	Ears— <i>a</i> Hearing	T	4	1	8	13
		O	4	—	4	8
	<i>b</i> Otitis Media	T	3	—	4	7
		O	—	—	—	—
	<i>c</i> Other	T	1	3	3	7
		O	2	—	1	3
7	Nose and Throat	T	7	2	7	16
		O	37	1	36	74
8	Speech	T	2	—	5	7
		O	5	1	5	11
9	Lymphatic Glands	T	—	—	2	2
		O	2	—	5	7
10	Heart	T	1	—	3	4
		O	1	3	2	6
11	Lungs	T	3	7	12	22
		O	8	—	8	16
12	Developmental— <i>a</i> Hernia	T	1	—	—	1
		O	—	—	—	—
	<i>b</i> Other	T	—	—	1	1
		O	1	—	1	2
13	Orthopaedic— <i>a</i> Posture	T	—	—	—	—
		O	—	—	—	—
	<i>b</i> Feet	T	3	1	1	5
		O	4	—	8	12
	<i>c</i> Other	T	5	1	13	19
		O	2	3	6	11
14	Nervous System—					
	<i>a</i> Epilepsy	T	1	1	2	4
		O	—	1	—	1
	<i>b</i> Other	T	—	—	2	2
		O	—	—	2	2
15	Psychological—					
	<i>a</i> Development	T	—	4	21	25
		O	1	1	4	6
	<i>b</i> Stability	T	4	3	10	17
		O	9	—	5	14
16	Abdomen	T	—	1	—	1
		O	—	—	—	—
17	Other	T	—	5	19	24
		O	1	—	1	2

**TABLE B. Special Inspections.**

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin ... ..	12	2
5	Eyes a. Vision ... ..	15	—
	b. Squint ... ..	2	—
	c. Other ... ..	6	1
6	Ears a. Hearing ... ..	9	5
	b. Otitis media ... ..	2	—
	c. Other ... ..	9	1
7	Nose and Throat ... ..	18	17
8	Speech ... ..	9	21
9	Lymphatic Glands... ..	—	—
10	Heart ... ..	4	3
11	Lungs ... ..	9	10
12	Developmental :—		
	a. Hernia ... ..	—	—
	b. Other ... ..	1	1
13	Orthopaedic :—		
	a. Posture ... ..	—	2
	b. Feet ... ..	2	17
	c. Other ... ..	20	8
14	Nervous System :—		
	a. Epilepsy ... ..	4	3
	b. Other ... ..	1	—
15	Psychological :—		
	a. Development ... ..	23	4
	b. Stability ... ..	32	16
16	Abdomen ... ..	—	1
17	Other ... ..	53	7

**PART III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).**

**TABLE A. Eye Diseases, Defective Vision and Squint.**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	29
Errors of refraction (including squint) ... ..	539
Total ...	568
Number of pupils for whom spectacles were prescribed	313

**TABLE B. Diseases and Defects of Ear, Nose and Throat.**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	1
(b) for adenoids and chronic tonsillitis ... ..	144
(c) for other nose and throat conditions ... ..	27
Received other forms of treatment ... ..	60
<b>Total</b> ...	<b>232</b>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961 ... ..	—
(b) in previous years ... ..	8

**TABLE C. Orthopaedic and Postural Defects.**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	42
(b) Pupils treated at school for postural defects ...	—
<b>Total</b> ...	<b>42</b>

**TABLE D. Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I).**

	Number of cases known to have been treated
Ringworm (a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	14
Impetigo ... ..	20
Other skin diseases ... ..	195
<b>Total</b> ...	<b>229</b>



**TABLE E. Child Guidance Treatment.**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	251

**TABLE F. Speech Therapy.**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	—

**TABLE G. Other Treatment given.**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	375
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	937
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds ... ..	5
Injuries ... ..	63
Various Surgical Repairs and Procedures ... ..	123
Total ... ..	1,503

**PART IV. Dental Inspection and Treatment carried out by the Authority.**

(1) Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic ... ..	3,498
(b) Specials ... ..	976
Total (1) ... ..	4,474

(2) Number found to require treatment ... ..	3,078
(3) Number offered treatment ... ..	3,078
(4) Number actually treated ... ..	2,172

(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h) ... ..	6,400
(6) Half days devoted to :	
(a) Periodic (School) Inspection ... ..	28
(b) Treatment ... ..	839
	<hr/>
Total (6) ...	867
	<hr/>
(7) Fillings :	
(a) Permanent Teeth ... ..	2,702
(b) Temporary Teeth ... ..	46
	<hr/>
Total (7) ...	2,748
	<hr/>
(8) Number of Teeth filled :	
(a) Permanent Teeth ... ..	2,702
(b) Temporary Teeth ... ..	46
	<hr/>
Total (8) ...	2,748
	<hr/>
(9) Extractions :	
(a) Permanent Teeth ... ..	922
(b) Temporary Teeth ... ..	2,117
	<hr/>
Total (9) ...	3,039
	<hr/>
(10) Administration of general anaesthetics for extraction	1,179
(11) Orthodontics :	
(a) Cases commenced during the year ... ..	26
(b) Cases brought forward from previous year ...	49
(c) Cases completed during the year ... ..	25
(d) Cases discontinued during the year ... ..	10
(e) Pupils treated by means of appliances ... ..	75
(f) Removable appliances fitted ... ..	51
(g) Fixed appliances fitted ... ..	—
(h) Total attendances ... ..	1,303
(12) Number of pupils supplied with artificial teeth ...	11
(13) Other operations :	
(a) Permanent Teeth ... ..	2,041
(b) Temporary Teeth ... ..	7
	<hr/>
Total (13) ...	2,048
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